

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000004937

**Entity Name:** TRUECAR FLORIDA, INC.**Current Principal Place of Business:**120 BROADWAY  
SUITE 200  
SANTA MONICA, CA 90401**Current Mailing Address:**120 BROADWAY  
SUITE 200  
SANTA MONICA, CA 90401 US**FEI Number:** 04-3807511**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO, DIRECTOR  
Name            DARROW, MIKE  
Address        120 BROADWAY  
City-State-Zip: SANTA MONICA CA 90401

Title            SECRETARY  
Name            SWART, JEFFREY  
Address        120 BROADWAY  
City-State-Zip: SANTA MONICA CA 90401

Title            CFO  
Name            WATSON, NOEL  
Address        120 BROADWAY  
City-State-Zip: SANTA MONICA CA 90401

Title            OFFICER  
Name            SMITH, SIMON  
Address        120 BROADWAY  
City-State-Zip: SANTA MONICA CA 90401

Title            ASST. SECRETARY  
Name            WATKINSON, SCOTT  
Address        120 BROADWAY  
SUITE 200  
City-State-Zip: SANTA MONICA CA 90401

Title            DIRECTOR  
Name            CLAUS, CHRISTOPHER  
Address        120 BROADWAY  
SUITE 200  
City-State-Zip: SANTA MONICA CA 90401

Title            DIRECTOR  
Name            BUCE, ROBERT  
Address        120 BROADWAY  
SUITE 200  
City-State-Zip: SANTA MONICA CA 90401

Title            DIRECTOR  
Name            LANTZ, ERIN  
Address        120 BROADWAY  
SUITE 200  
City-State-Zip: SANTA MONICA CA 90401

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SCOTT WATKINSON

ASST. SECRETARY

04/28/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name YADIGAROGLU , ION  
Address 120 BROADWAY  
SUITE 200  
City-State-Zip: SANTA MONICA CA 90401

Title DIRECTOR  
Name MENDEL, JOHN  
Address 120 BROADWAY  
SUITE 200  
City-State-Zip: SANTA MONICA CA 90401

Title DIRECTOR  
Name MCKOY, PHILIP  
Address 120 BROADWAY  
SUITE 200  
City-State-Zip: SANTA MONICA CA 90401

Title DIRECTOR  
Name NICHOLS, WES  
Address 120 BROADWAY  
SUITE 200  
City-State-Zip: SANTA MONICA CA 90401