

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005655

Entity Name: AUTOWEB, INC.

Current Principal Place of Business:

400 NORTH ASHLEY DR, STE 300
TAMPA, FL 33602

Current Mailing Address:

18872 MACARTHUR BOULEVARD
SUITE 200
IRVINE, CA 92612 US

FEI Number: 33-0711569

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PARK DRIVE
SUITE A
TALLAHASSEE, FL 32301 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 DIRECTOR, PRESIDENT, CEO
Name ROWE, JARED R
Address 400 NORTH ASHLEY DR, STE 300
City-State-Zip: TAMPA FL 33602

Title EVP, CLO & SECRETARY
Name FULLER, GLENN E
Address 18872 MACARTHUR BOULEVARD
SUITE 200
City-State-Zip: IRVINE CA 92612

Title EVP, CFO
Name HANNAN, JOSEPH PATRICK
Address 400 NORTH ASHLEY DR, STE 300
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name GALBATO, CHAN W.
Address 400 NORTH ASHLEY DR, STE 300
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name DE TEZANOS, MATIAS
Address 400 NORTH ASHLEY DR, STE 300
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name CARPENTER, MICHAEL A.
Address 400 NORTH ASHLEY DR, STE 300
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name KAPLAN, MARK N.
Address 400 NORTH ASHLEY DR, STE 300
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name VARGAS, JOSE
Address 400 NORTH ASHLEY DR, STE 300
City-State-Zip: TAMPA FL 33602

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: GLENN E. FULLER

EVP, CLO AND
SECRETARY

04/13/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FUCHS, MICHAEL J.
Address 400 NORTH ASHLEY DR, STE 300
City-State-Zip: TAMPA FL 33602

Title EVP, COO
Name INGLE, DANIEL R
Address 400 NORTH ASHLEY DR, STE 300
City-State-Zip: TAMPA FL 33602

Title VP, DEPUTY GENERAL COUNSEL AND ASSISTANT SECRETARY
Name BECK, D. MICHAEL
Address 18872 MACARTHUR BOULEVARD SUITE 200
City-State-Zip: IRVINE CA 92612

Title VP, INTEGRATED OPERATIONS
Name ROCK, WESLEY R
Address 400 NORTH ASHLEY DR, STE 300
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name THOMPSON, JANET M.
Address 400 NORTH ASHLEY DR, STE 300
City-State-Zip: TAMPA FL 33602

Title SVP, CPO
Name PARTIN, SARA E
Address 400 NORTH ASHLEY DR, STE 300
City-State-Zip: TAMPA FL 33602

Title VP, PRODUCT
Name NANIGIAN, BRETT L
Address 400 NORTH ASHLEY DR, STE 300
City-State-Zip: TAMPA FL 33602

Title VP, INDUSTRY PATNERSHIPS
Name DEVEY, MATTHEW R
Address 400 NORTH ASHLEY DR, STE 300
City-State-Zip: TAMPA FL 33602