

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P34300

**FILED**  
**Apr 03, 2014**  
**Secretary of State**  
**CC4795701224**

**Entity Name:** PRODUCT DEVELOPMENT CORPORATION OF CALIFORNIA

**Current Principal Place of Business:**

20 RAGSDALE DRIVE  
SUITE 100  
MONTEREY, CA 93940

**Current Mailing Address:**

20 RAGSDALE DRIVE  
SUITE 100  
MONTEREY, CA 93940 US

**FEI Number: 95-1591984**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. 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 CEO, DIRECTOR  
Name CLUM, WOODWORTH B JR.  
Address 20 RAGSDALE DR., SUITE 100  
City-State-Zip: MONTEREY CA 93940

Title PRESIDENT, DIRECTOR  
Name DINOVO, TIMOTHY J  
Address 20 RAGSDALE DR SUITE 100  
City-State-Zip: MONTEREY CA 93940

Title TREASURER, DIRECTOR, CFO  
Name FOREY, DAVID V  
Address 20 RAGSDALE DR., SUITE 100  
City-State-Zip: MONTEREY CA 93940

Title DIRECTOR, VP  
Name CLUM, JOHN  
Address 144 CANTERA CIRCLE  
City-State-Zip: SANTA FE NM 87501

Title DIRECTOR  
Name JOFFRAY, SUZANNE  
Address 14 OTTER ROCK ROAD  
City-State-Zip: OLD LYME CT 06371

Title SECRETARY, DIRECTOR, VP  
Name CLUM, WOODWORTH B III  
Address 20 RAGSDALE DRIVE, SUITE 100  
City-State-Zip: MONTEREY CA 93940

Title DIRECTOR, VP  
Name GAGE, VINCENT S  
Address 20 RAGSDALE DRIVE  
SUITE 100  
City-State-Zip: MONTEREY CA 93940

Title DIRECTOR  
Name HERSEY, DAVID R  
Address 3167 FERNCREEK LANE  
City-State-Zip: ESCONDIDO CA 92027

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*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: DAVID V. FOREY**

**TREASURER**

**04/03/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           JOFFRAY, REXFORD L  
Address        57 HIGHLAND VIEW DRIVE  
City-State-Zip: SOMERS CT 06017

Title           CONTROLLER, VP  
Name           BERTOLUCCI, MARIO D  
Address        20 RAGSDALE DRIVE  
                SUITE 100  
City-State-Zip: MONTEREY CA 93940