

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000321

Entity Name: VISTA DMS, INC.

FILED  
Apr 14, 2005  
Secretary of State

## Current Principal Place of Business:

601 RIVERSIDE AVE  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

## Current Mailing Address:

17911 VON KARMAN AVE. SUITE 300  
IRVINE, CA 92614

## New Mailing Address:

FEI Number: 33-0871542

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WALKER, DWAYNE M  
Address: 2510 N REDHILL AVENUE  
City-St-Zip: SANTA ANA, CA 92705 US

Title: CFO ( ) Delete  
Name: STINSON, ALAN L  
Address: 601 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: VPT ( ) Delete  
Name: FARENGA, PATRICK G  
Address: 601 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: SVPS ( ) Delete  
Name: JOHNSON, TODD C  
Address: 601 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete  
Name: FOLEY, WILLIAM P II  
Address: 601 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32204

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change ( ) Addition  
Name: FOLEY, WILLIAM P II  
Address: 601 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: EVP (X) Change ( ) Addition  
Name: HERSHKOWITZ, BRIAN F  
Address: 601 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TODD C JOHNSON

SVPS

04/14/2005

Electronic Signature of Signing Officer or Director

Date