


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Page 1 of 2

DOCUMENT # F04000003252	
1. Entity Name TIMCOR EXCHANGE CORPORATION	

FILED

06 JUN -7 PM 12:17



Principal Place of Business 5995 S. SEPULVEDA BLVD. 3RD FLOOR CULVER CITY CA 90230	Mailing Address 5995 S. SEPULVEDA BLVD. 3RD FLOOR CULVER CITY CA 90230
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 95-3397933		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

500076431385
06/21/06--01031--010 **\$50.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, TIMOTHY S 5995 S. SEPULVEDA BLVD. 3RD FLOOR CULVER CITY CA 90230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David S. DePillo 8105 Irvine Center Dr., 15th Floor Irvine, CA 92618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONROE, LINDA 5995 S. SEPULVEDA BLVD. 3RD FLOOR CULVER CITY CA 90230 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO James Leonetti 8105 Irvine Center Dr., 15th Floor Irvine, CA 92618 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANCHEZ, RICHARD 8105 IRVINE CENTER DRIVE, 15TH FLOOR IRVINE CA 92618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Tom Torsney 5995 S. Sepulveda Blvd., 3rd Floor Culver City, CA 90230 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, STEPHEN H 8105 IRVINE CENTER DRIVE, 15TH FLOOR IRVINE CA 92618 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Wendy Oshiro 5995 S. Sepulveda Blvd., 3rd Floor Culver City, CA 90230 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Aron Harris 5995 S. Sepulveda Blvd., 3rd Floor Culver City, CA 90230 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Karen Hoshizaki 5995 S. Sepulveda Blvd., 3rd Floor Culver City, CA 90230 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard A. Sanchez **RICHARD A. SANCHEZ** 5/12/06 (949) 585-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Additional Officer: _____

Title: V
Name: Karen Abajian
Address: 5995 S. Sepulveda
City/Zip: Culver City, CA 90230

☐ New

☒ Additional