

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004401

Entity Name: AUCTION.COM, INC.

FILED  
Apr 17, 2012  
Secretary of State

**Current Principal Place of Business:**

ONE MAUCHLY  
IRVINE, CA 92618

**New Principal Place of Business:**

**Current Mailing Address:**

ONE MAUCHLY  
IRVINE, CA 92618

**New Mailing Address:**

FEI Number: 33-0441404

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CORUM, JAMES  
Address: ONE MAUCHLY  
City-St-Zip: IRVINE, CA 92618

Title: VP  
Name: JOFFRION, JOSEPH  
Address: ONE MAUCHLY  
City-St-Zip: IRVINE, CA 92618

Title: T  
Name: MURPHY HIRATA, PATRICIA  
Address: ONE MAUCHLY  
City-St-Zip: IRVINE, CA 92618

Title: D/S  
Name: QUELLA, MARY CLAIRE  
Address: ONE MAUCHLY  
City-St-Zip: IRVINE, CA 92618

Title: D  
Name: FRIEDEN, JEFFREY P  
Address: ONE MAUCHLY  
City-St-Zip: IRVINE, CA 92618

Title: D/C  
Name: FRIEDMAN, ROBERT D  
Address: ONE MAUCHLY  
City-St-Zip: IRVINE, CA 92618

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: MARY CLAIRE QUELLA

D/S

04/17/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date