

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000800

Entity Name: VINCULUMS SERVICES INC.

FILED  
Jan 04, 2011  
Secretary of State

## Current Principal Place of Business:

10 PASTEUR STE 100  
IRVINE, CA 92618

## New Principal Place of Business:

## Current Mailing Address:

10 PASTEUR STE 100  
IRVINE, CA 92618

## New Mailing Address:

FEI Number: 87-0747350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FELTER, DAVID  
1552 N CAROLWOOD BLVD  
FERN PARK, FL 32730 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: CCEO  
Name: VAN AARDENNE, BART  
Address: 10 PASTEUR STE 100  
City-St-Zip: IRVINE, CA 92618

Title: VCP  
Name: FOSTER, PAUL  
Address: 420 40TH STREET STE 5  
City-St-Zip: OAKLAND, CA 94618

Title: D  
Name: VAN AARDENNE, LEE ANNE  
Address: 26211 LA VACA  
City-St-Zip: LAKE FOREST, CA 92630

Title: S  
Name: DI GIOVANNA, LISA  
Address: 10 PASTEUR STE 100  
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: LISA DI GIOVANNA

S

01/04/2011

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

\_\_\_\_\_  
Date