

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005704

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** ALDON COMPUTER GROUP CORPORATION

**Current Principal Place of Business:**

6001 SHELLMOUND STREET, SUITE 600  
EMERYVILLE, CA 94608

**New Principal Place of Business:**

**Current Mailing Address:**

6001 SHELLMOUND STREET, SUITE 600  
EMERYVILLE, CA 94608

**New Mailing Address:**

**FEI Number:** 94-2681006

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., STE 4  
WESTON, FL 33331 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:** SCHOLL, MATTHEW  
**Address:** 6001 SHELLMOUND STREET, SUITE 600  
**City-St-Zip:** EMERYVILLE, CA 94608

**Title:** D  
**Name:** LEVINE, JEROME  
**Address:** 2121 ROSECRANS AVENUE, SUITE 2370  
**City-St-Zip:** EL SEGUNDO, CA 90245

**Title:** DS  
**Name:** KAISER, NICHOLAS  
**Address:** 2121 ROSECRANS AVENUE , SUITE 2370  
**City-St-Zip:** EL SEGUNDO, CA 90245

**Title:** T  
**Name:** WARWICK, ROBB  
**Address:** 2121 ROSECRANS AVENUE, 2370  
**City-St-Zip:** EL SEGUNDO, CA 90245

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:** MATTHEW SCHOLL

P

02/07/2011

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

\_\_\_\_\_  
Date