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FILED  
Mar 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H45399** (3)  
1. Corporation Name  
**REFERRAL NETWORK, INC.**



Principal Place of Business

ATTN: GINO BRUNO  
27271 LAS RAMBLAS  
MISSION VIEJO CA 92691-3310  
US

Mailing Address

ATTN: GINO BRUNO  
27271 LAS RAMBLAS  
MISSION VIEJO CA 92691-3310  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1985

4. FEI Number

59-2541359

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 27271 Las Ramblas

Suite, Apt. #, etc.

22 Attn: L. Bracken

City & State

23 Mission Viejo, CA

Zip

24 92691

Country

25 USA

2a. Mailing Address

26 27271 Las Ramblas

Suite, Apt. #, etc.

27 Attn: L. Bracken

City & State

28 Mission Viejo, CA

Zip

29 92691

Country

30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ROSS, ANTHONY  
27271 LAS RAMBLAS  
MISSION VIEJO CA ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
SIMMONS, JACE  
27271 LAS RAMBLAS  
MISSION VIEJO CA ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
BLACKBURN, GREGORY V.  
27271 LAS RAMBLAS  
MISSION VIEJO CA ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
VOLLMANN, TADE  
27271 LAS RAMBLAS  
MISSION VIEJO CA ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ROMITO, LARRY  
27271 LAS RAMBLAS  
MISSION VIEJO CA ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
MICHALSKI, THOMAS  
27271 LAS RAMBLAS  
MISSION VIEJO CA ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

6 Sylvan Way  
Parsippany, NJ 07054

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Director

Bates Stoddard

3040 Universal Blvd. Ste. 150

Weston, FL 33331

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Tade Vollmann, Treasurer

714-367-1800

CR2E034 (10/97)