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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90100 031 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H45399

1. Corporation Name

REFERRAL NETWORK, INC.

Principal Place of Business

27271 LAS RAMBLAS
ATTN: L. BRACKEN
MISSION VIEJO CA 92691
US

Mailing Address

27271 LAS RAMBLAS
ATTN: L. BRACKEN
MISSION VIEJO CA 92691
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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **ROSS, ANTHONY**
STREET ADDRESS **6 SYLVAN WAY**
CITY-ST-ZIP **PARSIPPANY NJ 07054**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **BATES, STODDARD**
STREET ADDRESS **3040 UNIVERSAL BLVD STE 150**
CITY-ST-ZIP **WESTON FL 33331**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **SVP**
5.3 STREET ADDRESS **LOUIS, SUZANNE M.**
5.4 CITY-ST-ZIP **3040 UNIVERSAL BLVD., STE 150**

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **WESTON, FL 33331**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory V. Blackburn, Secretary

(949) 367-2072

Date

Daytime Phone #

CR2E034 (11/98)