

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02772

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: WIMBERLY ALLISON TONG & GOO, INC.

## Current Principal Place of Business:

700 BISHOP ST  
#1800  
HONOLULU, HI 96813 US

## New Principal Place of Business:

## Current Mailing Address:

8001 IRVINE CENTER DR., SUITE 500  
500  
IRVINE, CA 92618 US

## New Mailing Address:

FEI Number: 99-0103772      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CHAR, SIDNEY C  
Address: 700 BISHOP ST., SUITE 1800  
City-St-Zip: HONOLULU, HI 96813

Title: CFOT ( ) Delete  
Name: MITORI, RONALD T  
Address: 8001 IRVINE CENTER DR. SUITE 500  
City-St-Zip: IRVINE, CA 92618

Title: VDS ( ) Delete  
Name: ROSENBLUM, DEBORAH  
Address: 700 BISHOP ST., SUITE 1800  
City-St-Zip: HONOLULU, HI 96813

Title: D ( ) Delete  
Name: PAYAN, ROBERT M  
Address: 8001 IRVINE CENTER DR., SUITE 500  
City-St-Zip: IRVINE, CA 92618

Title: SV ( ) Delete  
Name: RUSSELL, THOMAS  
Address: ALEXANDRA HOUSE, 6 LITTLE PORTLAND STREET  
City-St-Zip: LONDON, ENGLAND, UK W1W7JE UK

Title: SV ( ) Delete  
Name: HOLECEK, RONALD J  
Address: 8001 IRVINE CENTER DR., SUITE 500  
City-St-Zip: IRVINE, CA 92618

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RONALD T. MITORI

CFOT

01/14/2009

Electronic Signature of Signing Officer or Director

Date