

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002788

FILED
Apr 17, 2017
Secretary of State
CC3969161135

Entity Name: CU DIRECT CORPORATION

Current Principal Place of Business:

2855 EAST GUASTI ROAD
SUITE 500
ONTARIO, CA 91761

Current Mailing Address:

2855 EAST GUASTI ROAD
SUITE 500
ONTARIO, CA 91761 US

FEI Number: 95-4512320

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Officer/Director Detail :

Title PRESIDENT
Name BOUTELLE, TONY
Address 2855 EAST GUASTI ROAD
 SUITE 500
City-State-Zip: ONTARIO CA 91761

Title VICE PRESIDENT, CFO
Name MONTESANTI, CRAIG
Address 2855 EAST GUASTI ROAD
 SUITE 500
City-State-Zip: ONTARIO CA 91761

Title DIRECTOR
Name MARCH, JEFF
Address 2855 EAST GUASTI ROAD
 SUITE 500
City-State-Zip: ONTARIO CA 91761

Title DIRECTOR
Name PORTER, BENSON
Address 2855 EAST GUASTI ROAD
 SUITE 500
City-State-Zip: ONTARIO CA 91761

Title DIRECTOR
Name MARTINEZ, BRETT
Address 2855 EAST GUASTI ROAD
 SUITE 500
City-State-Zip: ONTARIO CA 91761

Title DIRECTOR
Name PURVIS, CHUCK
Address 2855 EAST GUASTI ROAD
 SUITE 500
City-State-Zip: ONTARIO CA 91761

Title DIRECTOR
Name BLAND, DONNA
Address 2855 EAST GUASTI ROAD
 SUITE 500
City-State-Zip: ONTARIO CA 91761

Title DIRECTOR
Name MENDEZ, ERIN
Address 2855 EAST GUASTI ROAD
 SUITE 500
City-State-Zip: ONTARIO CA 91761

Continues on page 2

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: CRAIG MONTESANTI

VICE PRESIDENT

04/17/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LAFFOON, JIM
Address 2855 EAST GUASTI ROAD
SUITE 500
City-State-Zip: ONTARIO CA 91761

Title DIRECTOR
Name MOGHADDAM, NADER
Address 2855 EAST GUASTI ROAD
SUITE 500
City-State-Zip: ONTARIO CA 91761

Title VP
Name CHILD, BOB
Address 2855 EAST GUASTI ROAD
SUITE 500
City-State-Zip: ONTARIO CA 91761

Title SECRETARY, TREASURER
Name SULTERMEIER, KEITH
Address 2855 EAST GUASTI ROAD
SUITE 500
City-State-Zip: ONTARIO CA 91761

Title DIRECTOR
Name NIELSEN, STERLING
Address 2855 EAST GUASTI ROAD
SUITE 500
City-State-Zip: ONTARIO CA 91761