

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000002788

**Entity Name:** CU DIRECT CORPORATION

**Current Principal Place of Business:**

18400 VON KARMEN AVE  
SUITE 900  
IRVINE, CA 92612

**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, CEO  
Name            BOUTELLE, TONY  
Address        18400 VON KARMEN AVE  
                 SUITE 900  
City-State-Zip: IRVINE CA 92612

Title            DIRECTOR  
Name            PORTER, BENSON  
Address        18400 VON KARMEN AVE  
                 SUITE 900  
City-State-Zip: IRVINE CA 92612

Title            DIRECTOR  
Name            MARTINEZ, BRETT  
Address        18400 VON KARMEN AVE  
                 SUITE 900  
City-State-Zip: IRVINE CA 92612

Title            DIRECTOR  
Name            PURVIS, CHUCK  
Address        18400 VON KARMEN AVE  
                 SUITE 900  
City-State-Zip: IRVINE CA 92612

Title            DIRECTOR  
Name            BLAND, DONNA  
Address        18400 VON KARMEN AVE  
                 SUITE 900  
City-State-Zip: IRVINE CA 92612

Title            DIRECTOR  
Name            MENDEZ, ERIN  
Address        18400 VON KARMEN AVE  
                 SUITE 900  
City-State-Zip: IRVINE CA 92612

Title            DIRECTOR, SECRETARY,  
                 TREASURER  
Name            LAFFOON, JIM  
Address        18400 VON KARMEN AVE  
                 SUITE 900  
City-State-Zip: IRVINE CA 92612

Title            VICE CHAIRMAN  
Name            SULTERMEIER, KEITH  
Address        18400 VON KARMEN AVE  
                 SUITE 900  
City-State-Zip: IRVINE CA 92612

**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:** JIM LAFFOON

**DIRECTOR, SECRETARY AND TREASURER**      01/31/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CHAIRMAN  
Name MOGHADDAM, NADER  
Address 18400 VON KARMEN AVE  
SUITE 900  
City-State-Zip: IRVINE CA 92612

Title CHIEF OPERATING OFFICER  
Name CHILD, BOB  
Address 18400 VON KARMEN AVE  
SUITE 900  
City-State-Zip: IRVINE CA 92612

Title CHIEF MARKETING OFFICER  
Name HENDRICKS, BRIAN  
Address 18400 VON KARMEN AVE  
SUITE 900  
City-State-Zip: IRVINE CA 92612

Title CHIEF PRODUCT OFFICER  
Name HULL, ROGER  
Address 18400 VON KARMEN AVE  
SUITE 900  
City-State-Zip: IRVINE CA 92612

Title DIRECTOR  
Name NIELSEN, STERLING  
Address 18400 VON KARMEN AVE  
SUITE 900  
City-State-Zip: IRVINE CA 92612

Title CHIEF FINANCIAL OFFICER  
Name BHAGAT, NEETU  
Address 18400 VON KARMEN AVE  
SUITE 900  
City-State-Zip: IRVINE CA 92612

Title CHIEF REVENUE OFFICER  
Name DUPREE, PHIL  
Address 18400 VON KARMEN AVE  
SUITE 900  
City-State-Zip: IRVINE CA 92612