## 2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F1000000134

Entity Name: GOLDEN STATE FOODS CORP.

**Current Principal Place of Business:** 

18301 VON KARMAN AVE **SUITE 1100** 

IRVINE, CA 92612

**Current Mailing Address:** 

18301 VON KARMAN AVE **SUITE 1100** 

IRVINE, CA 92612 US

FEI Number: 95-2670074 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Apr 20, 2021

**Secretary of State** 

1430906665CC

Officer/Director Detail:

Title CEO Title CFO

WETTERAU, MARK HEFFINGTON, JOE Name Name

Address 18301 VON KARMAN AVE Address 18301 VON KARMAN AVE

> **SUITE 1100 SUITE 1100**

IRVINE CA 92612 IRVINE CA 92612 City-State-Zip:

Title SENIOR VICE PRESIDENT Title ASST. SECRETARY

PAGE, JOHN SCHAAL, SHIRLEY Name Name

18301 VON KARMAN AVE 18301 VON KARMAN AVE Address Address **SUITE 1100 SUITE 1100** 

IRVINE CA 92612 IRVINE CA 92612 City-State-Zip: City-State-Zip:

SENIOR VICE PRESIDENT Title Title **DIRECTOR** 

DICK, BRIAN WETTERAU, CONRAD Name Name

18301 VON KARMAN AVE 18301 VON KARMAN AVE Address Address

> **SUITE 1100 SUITE 1100**

City-State-Zip: IRVINE CA 92612 City-State-Zip: IRVINE CA 92612

Title **TREASURER** Title **DIRECTOR** 

EL-HAGE, NABIL Name GOTTLIEB, LISA Name

Address 18301 VON KARMAN AVE 18301 VON KARMAN AVE Address

> **SUITE 1100 SUITE 1100**

City-State-Zip: IRVINE CA 92612 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.

04/20/2021 SIGNATURE: JOHN PAGE SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name GOCHNAUER, RICHARD D Name DAVIS, SHARON

Address 18301 VON KARMAN AVE Address 18301 VON KARMAN AVE

SUITE 1100 SUITE 1100

City-State-Zip: IRVINE CA 92612 City-State-Zip: IRVINE CA 92612

TitleDIRECTORTitleDIRECTORNameARMARIO, JOSÉNameLISTI, FRANK

Address 18301 VON KARMAN AVE Address 18301 VON KARMAN AVE

SUITE 1100 SUITE 1100

City-State-Zip: IRVINE CA 92612 City-State-Zip: IRVINE CA 92612

TitleDIRECTORTitleDIRECTORNameWILLIAMS, JAMESNamePAGE, JOHN

Address 18301 VON KARMAN AVE Address 18301 VON KARMAN AVE

SUITE 1100 SUITE 1100

City-State-Zip: IRVINE CA 92612 City-State-Zip: IRVINE CA 92612