

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000000065

**FILED  
Mar 21, 2019  
Secretary of State  
8100177641CC**

**Entity Name:** MAUI ACQUISITION CORP.

**Current Principal Place of Business:**

13386 INTERNATIONAL PARKWAY  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

13386 INTERNATIONAL PARKWAY  
JACKSONVILLE, FL 32218 US

**FEI Number: 38-3873146**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           DIRECTOR  
Name           SOKOLOW, NICHOLAS  
Address        C/O MAUI ACQUISITION CORP  
                  13386 INTERNATIONAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32218

Title           DIRECTOR  
Name           QUIGLEY, WILLIAM  
Address        13386 INTERNATIONAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32218

Title           DIRECTOR  
Name           WERNER, ROGER  
Address        13386 INTERNATIONAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32218

Title           DIRECTOR  
Name           NORTON, HAMISH  
Address        C/O MAUI ACQUISITION CORP  
                  13386 INTERNATIONAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32218

Title           DIRECTOR  
Name           HARPEL, JAMES  
Address        C/O MAUI ACQUISITION CORP  
                  13386 INTERNATIONAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32218

Title           SECRETARY, VICE-PRESIDENT  
Name           HUDKINS, W. GRAY  
Address        3120 E. MISSION BLVD.  
City-State-Zip: ONTARIO CA 91761

Title           DIRECTOR  
Name           O'BRIEN, SCOTT  
Address        3120 E. MISSION BLVD  
City-State-Zip: ONTARIO CA 91761

Title           DIRECTOR  
Name           KANDERS, WARREN  
Address        ONE LANDMARK SQUARE  
                  SUITE 1730  
City-State-Zip: STAMFORD CT 06901

**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: SCOTT O'BRIEN**

**PRESIDENT**

**03/21/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT  
Name            O'BRIEN, SCOTT  
Address        3120 E. MISSION BLVD  
City-State-Zip:  ONTARIO CA 91761