

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000000065

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

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

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

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

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

Title PRESIDENT  
Name O'BRIEN, SCOTT  
Address 3120 E. MISSION BLVD  
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:** SCOTT O'BRIEN

**PRESIDENT**

**04/06/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title CFO  
Name HARRIS, SCOTT  
Address 13386 INTERNATIONAL PARKWAY  
City-State-Zip: JACKSONVILLE FL 32218