

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000000056

Entity Name: ALORICA INC.**Current Principal Place of Business:**5161 CALIFORNIA AVENUE,
SUITE 100
IRVINE, CA 92617**Current Mailing Address:**5161 CALIFORNIA AVENUE,
SUITE 100
IRVINE, CA 92617 US**FEI Number:** 95-4740339**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
2894 REMINGTON GREEN LANE
SUITE A
TALLAHASSEE, FL 32308 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	CEO
Name	HALLER, GREG
Address	5161 CALIFORNIA AVENUE, SUITE 100
City-State-Zip:	IRVINE CA 92617

Title	CFO
Name	SCHWENDNER, MAX
Address	5161 CALIFORNIA AVENUE SUITE 100
City-State-Zip:	IRVINE CA 92617

Title	SECRETARY
Name	MONTENARO, DANIEL
Address	5161 CALIFORNIA AVENUE SUITE 100
City-State-Zip:	IRVINE CA 92617

Title	DIRECTOR
Name	HALLER, GREG
Address	5161 CALIFORNIA AVENUE SUITE 100
City-State-Zip:	IRVINE CA 92617

Title	DIRECTOR
Name	SCHWENDNER, MAX
Address	5161 CALIFORNIA AVENUE SUITE 100
City-State-Zip:	IRVINE CA 92617

Title	SVP, FINANCE
Name	PAN, ELIZABETH
Address	5161 CALIFORNIA AVENUE, SUITE 100
City-State-Zip:	IRVINE CA 92617

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: ELIZABETH PAN

SVP, FINANCE

04/25/2024

Electronic Signature of Signing Officer/Director Detail_____
Date