

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23721

Entity Name: AUTO-GRAPHICS OF CALIFORNIA, INC.**Current Principal Place of Business:**430 N. VINEYARD AVE
SUITE 100
ONTARIO, CA 91764**Current Mailing Address:**430 N. VINEYARD AVE
SUITE 100
ONTARIO, CA 91764 US**FEI Number:** 95-2105641**Certificate of Status Desired:** Yes**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	DIRECTOR
Name	COPE, PAUL R
Address	430 N. VINEYARD AVE SUITE 100
City-State-Zip:	ONTARIO CA 91764

Title	PRESIDENT
Name	COPE, PAUL R
Address	430 N. VINEYARD AVE SUITE 100
City-State-Zip:	ONTARIO CA 91764

Title	DIRECTOR
Name	DUDLEY, THOMAS J PHD
Address	430 N. VINEYARD AVE SUITE 100
City-State-Zip:	ONTARIO CA 91764

Title	SECRETARY
Name	WIDJAJA, PAUL
Address	430 N. VINEYARD AVE SUITE 100
City-State-Zip:	ONTARIO CA 91764

Title	DIRECTOR
Name	HICKS, BRENT
Address	430 N. VINEYARD AVE SUITE 100
City-State-Zip:	ONTARIO CA 91764

Title	DIRECTOR
Name	HEATH, GARRY C
Address	430 N. VINEYARD AVE SUITE 100
City-State-Zip:	ONTARIO CA 91764

Title	DIRECTOR
Name	MURPHY, KYLE C
Address	430 N. VINEYARD AVE SUITE 100
City-State-Zip:	ONTARIO CA 91764

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: PAUL WIDJAJA**SECRETARY****04/17/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date