

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000006

FILED  
Apr 06, 2012  
Secretary of State

Entity Name: POLISEEK AIS INSURANCE SOLUTIONS, INC.

**Current Principal Place of Business:**

999 NORTH SEPULVEDA BLVD., SUITE 800  
EL SEGUNDO, CA 90245

**New Principal Place of Business:**

17785 CENTER COURT DR. STE 250  
CERRITOS, CA 90703

**Current Mailing Address:**

999 NORTH SEPULVEDA BLVD., SUITE 800  
EL SEGUNDO, CA 90245

**New Mailing Address:**

17785 CENTER COURT DR. STE 250  
CERRITOS, CA 90703

FEI Number: 36-3753284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: RIBISI, MARK  
Address: 17785 CENTER COURT DR. STE 250  
City-St-Zip: CERRITOS, CA 90703

Title: VCFO  
Name: BREMER, CHRIS  
Address: 17785 CENTER COURT DR. STE 250  
City-St-Zip: CERRITOS, CA 90703

Title: T  
Name: STALICK, THEODORE  
Address: 4484 WILSHIRE BLVD  
City-St-Zip: LOS ANGELES, CA 90010

Title: S  
Name: WALTERS, JUDITH  
Address: 4484 WILSHIRE BLVD  
City-St-Zip: LOS ANGELES, CA 90010

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: CHRIS BREMER

VP

04/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date