

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000105438

**Entity Name:** QUINSTREET INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

950 TOWER LANE  
6TH FLOOR  
FOSTER CITY, CA 94404

**Current Mailing Address:**

220 E CENTRAL PARKWAY  
SUITE 2050  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 30-0115459

**Certificate of Status Desired:** No

**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            PRESIDENT, DIRECTOR  
Name            VALENTI, DOUGLAS J  
Address        950 TOWER LANE  
                  6TH FLOOR  
City-State-Zip: FOSTER CITY CA 94404

Title            TREASURER  
Name            WONG, GREGORY M.  
Address        950 TOWER LANE  
                  6TH FLOOR  
City-State-Zip: FOSTER CITY CA 94404

Title            SECRETARY  
Name            PEYTON, PETE  
Address        950 TOWER LANE  
                  6TH FLOOR  
City-State-Zip: FOSTER CITY CA 94404

*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:** DOUGLAS J. VALENTI

**PRESIDENT**

**03/06/2024**

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

\_\_\_\_\_  
Date