

2022 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:**950 TOWER LANE
6TH FLOOR
FOSTER CITY, CA 94404**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**DIRECTOR****04/26/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date