

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000006

Entity Name: POLISEEK AIS INSURANCE SOLUTIONS, INC.

FILED
Feb 07, 2024
Secretary of State
9314605801CC

Current Principal Place of Business:

16969 VON KARMAN AVE.
SUITE 100
IRVIN, CA 92606

Current Mailing Address:

PO BOX 10160
SUITE 400
SANTA ANA, CA 92711 US

FEI Number: 36-3753284

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, CEO, DIRECTOR
Name RIBISI, MARK ALLAN
Address 16969 VON KARMAN AVE.
 SUITE 100
City-State-Zip: IRVIN CA 92606

Title TREASURER, DIRECTOR
Name STALICK, THEODORE
Address 4484 WILSHIRE BLVD
City-State-Zip: LOS ANGELES CA 90010

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

Title DIRECTOR
Name TIRADOR, GABRIEL
Address 1700 GREENBRIAR LANE
City-State-Zip: BREA CA 92821

Title SENIOR VICE PRESIDENT
Name CASAS, MARK
Address 16969 VON KARMAN AVE.
 SUITE 100
City-State-Zip: IRVIN CA 92606

Title SENIOR VICE PRESIDENT
Name MATANO-ELKIN, LANI
Address 16969 VON KARMAN AVE.
 SUITE 100
City-State-Zip: IRVIN CA 92606

Title VP
Name KALAMARAS, GEORGE
Address 16969 VON KARMAN AVE.
 SUITE 100
City-State-Zip: IRVIN CA 92606

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: JUDITH WALTERS

SECRETARY

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date