

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004358

**Entity Name:** QUOTIT CORPORATION**Current Principal Place of Business:**3333 MICHELSON DR, #500  
IRVINE, CA 92612**Current Mailing Address:**5630 UNIVERSITY PARKWAY  
WINSTON-SALEM, NC 27105 US**FEI Number:** 33-0920949**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 P  
Name HOGAN, CHAD  
Address 3333 MICHELSON DR, #500  
City-State-Zip: IRVINE CA 92612

Title COO, D  
Name RENDALL, PETER  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR  
Name KARFUNKEL, BARRY  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title CAO  
Name BOLAR, DONALD J  
Address 5630 UNIVERSITY PARKWAY  
City-State-Zip: WINSTON-SALEM NC 27105

Title S, D  
Name WEISSMANN, JEFFREY  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title CFO, D, TREASURER  
Name WEINER, MIKE  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR  
Name KARFUNKEL, ROBERT  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title VP  
Name GODDARD, AARON  
Address 1100 NW COMPTON DR, #205  
City-State-Zip: BEAVERTON OR 97006

**Continues on page 2**

*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:** DONALD J BOLAR**CHIEF ACCOUNTING  
OFFICER**

06/11/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	SVP, TAX
Name	GOLDSTEIN, MICHAEL
Address	59 MAIDEN LANE
City-State-Zip:	NEW YORK NY 10038