## **2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004358

**Entity Name: QUOTIT CORPORATION** 

**Current Principal Place of Business:** 

16802 ASTON, STE 100 IRVINE. CA 92606

**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

FILED Apr 19, 2018

Secretary of State

CC7652908327

Officer/Director Detail:

Title P Title S, D

Name HOGAN, CHAD Name WEISSMANN, JEFFREY

Address 16802 ASTON, STE 100 Address 59 MAIDEN LANE

City-State-Zip: IRVINE CA 92606 City-State-Zip: NEW YORK NY 10038

Title T, D Title VP

Name RENDALL, PETER Name SCHOCK, BRAD

Address 59 MAIDEN LANE Address 5630 UNIVERSITY PARKWAY

City-State-Zip: NEW YORK NY 10038 City-State-Zip: WINSTON-SALEM NC 27105

Title CFO, D Title DIRECTOR

NameWEINER, MIKENameKARFUNKEL, BARRYAddress59 MAIDEN LANEAddress59 MAIDEN LANE

City-State-Zip: NEW YORK NY 10038 City-State-Zip: NEW YORK NY 10038

Title DIRECTOR Title CAO

Name KARFUNKEL, ROBERT Name BOLAR, DONALD J

Address 59 MAIDEN LANE Address 5630 UNIVERSITY PARKWAY

City-State-Zip: NEW YORK NY 10038 City-State-Zip: WINSTON-SALEM NC 27105

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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: AARON GODDARD VICE PRESIDENT 04/19/2018

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title VP

Name GODDARD, AARON

Address 1100 NW COMPTON DR, #205

City-State-Zip: BEAVERTON OR 97006