## **2019 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 30, 2019

**Secretary of State** 

6521335188CC

Officer/Director Detail :

Title Title S. D

HOGAN, CHAD WEISSMANN, JEFFREY Name Name

16802 ASTON, STE 100 59 MAIDEN LANE Address Address

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

Title CFO. D Title COO. D

Name WEINER, MIKE Name RENDALL, PETER Address 59 MAIDEN LANE Address 59 MAIDEN LANE

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

Title DIRECTOR Title **DIRECTOR** 

Name KARFUNKEL, ROBERT Name KARFUNKEL, BARRY Address 59 MAIDEN LANE Address **59 MAIDEN LANE** 

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

Title Title CAO

Name GODDARD, AARON BOLAR, DONALD J Name

1100 NW COMPTON DR, #205 Address 5630 UNIVERSITY PARKWAY Address City-State-Zip: BEAVERTON OR 97006

WINSTON-SALEM NC 27105 City-State-Zip:

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.

04/30/2019 SIGNATURE: AARON GODDARD VICE PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title TREASURER

Name ENGEMAN, JOHN Address 59 MAIDEN LANE

City-State-Zip: NEW YORK NY 10038