

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000000694

**Entity Name:** INSURANCE TRACKING SERVICES, INC.

**FILED**  
**Apr 12, 2018**  
**Secretary of State**  
**CC1457173285**

**Current Principal Place of Business:**

400 OCEANGATE  
SUITE 450  
LONG BEACH, CA 90802

**Current Mailing Address:**

400 OCEANGATE  
SUITE 450  
LONG BEACH, CA 90802 US

**FEI Number:** 20-1066691

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

EXPRESS CORPORATE FILING SERVICE, INC.  
1000 PONCE DE LEON BLVD.  
SUITE 105  
CORAL GABLES, FL 33134 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 PD  
Name LOPEZ, RICHARD  
Address 400 OCEANGATE  
SUITE 450  
City-State-Zip: LONG BEACH CA 90802

Title S  
Name MLADINEO, TRISHIA  
Address 400 OCEANGATE  
SUITE 450  
City-State-Zip: LONG BEACH CA 90802

Title T  
Name LLAMAS, MARIA  
Address 101 CONVENTION CENTER DR  
SUITE 380  
City-State-Zip: LAS VEGAS NV 89109

Title DIRECTOR  
Name KHIN, TEPPY  
Address 400 OCEANGATE  
SUITE 450  
City-State-Zip: LONG BEACH CA 90802

*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:** RICHARD LOPEZ

**PRESIDENT**

**04/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date