

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005450

Entity Name: IVIE & ASSOCIATES, INC.

Current Principal Place of Business:

601 SILVERON BLVD
SUITE 200
FLOWER MOUND, TX 75028

Current Mailing Address:

PO BOX 271067
FLOWER MOUND, TX 75027

FEI Number: 42-1412863

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CHRM
Name IVIE, WARREN C
Address 601 SILVERON BLVD, SUITE 200
City-State-Zip: FLOWER MOUND TX 75028

Title VCHR
Name IVIE, SHARON K
Address 601 SILVERON BLVD, SUITE 200
City-State-Zip: FLOWER MOUND TX 75028

Title D
Name RAWLINGS, SHARON R
Address 601 SILVERON BLVD, SUITE 200
City-State-Zip: FLOWER MOUND TX 75028

Title VST
Name IVIE, SHARON K
Address 601 SILVERON BLVD, SUITE 200
City-State-Zip: FLOWER MOUND TX 75028

Title D
Name IVIE, BRANDON W
Address 601 SILVERON BLVD, SUITE 200
City-State-Zip: FLOWER MOUND TX 75028

Title CFO
Name LONG, GARY
Address 601 SILVERON BLVD
SUITE 200
City-State-Zip: FLOWER MOUND TX 75028

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: GARY LONG

CFO

01/22/2016

Electronic Signature of Signing Officer/Director Detail

Date