

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002047

**Entity Name:** NOVITAS SOLUTIONS, INC.

**Current Principal Place of Business:**

2020 TECHNOLOGY PARKWAY  
MECHANICSBURG, PA 17050

**Current Mailing Address:**

2020 TECHNOLOGY PARKWAY  
MECHANICSBURG, PA 17050 US

**FEI Number:** 20-5296137

**Certificate of Status Desired:** No

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

ANDERSON, THOMAS  
532 RIVERSIDE AVE  
JACKSONVILLE, FL 32202 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:** THOMAS ANDERSON

02/25/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name LEDVINA, KATHY  
Address 532 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32202

Title D  
Name MARVIN, GUY III  
Address 532 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32202

Title PRESIDENT, CEO  
Name DIKTER, HARVEY  
Address 532 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY  
Name ANDERSON, THOMAS C  
Address 532 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32202

Title TREASURER  
Name HOGAN, JONATHAN  
Address 532 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name RAPHAEL, MOLLY  
Address 532 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32202

Title VP, COO  
Name TAYLOR, DEB  
Address 532 RIVERSIDE AVENUE  
City-State-Zip: JACKSONVILLE FL 32202

*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:** THOMAS ANDERSON

**SECRETARY**

02/25/2022

Electronic Signature of Signing Officer/Director Detail

Date