

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004490

**Entity Name:** INFORMATION INNOVATORS, INC.

**Current Principal Place of Business:**

4000 LEGATO RD. SUITE 600  
FAIRFAX, VA 22033

**Current Mailing Address:**

4000 LEGATO RD. SUITE 600  
FAIRFAX, VA 22033 US

**FEI Number:** 54-2025807

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN STREET, SUITE 4  
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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            FERRANDO, THOMAS J.  
Address        4000 LEGATO ROAD  
                  SUITE 600  
City-State-Zip: FAIRFAX VA 22033

Title            CFO  
Name            KUHN, JAMES D.  
Address        4000 LEGATO ROAD  
                  SUITE 600  
City-State-Zip: FAIRFAX VA 22033

Title            SENIOR VP  
Name            ROSE, LAURENCE M.  
Address        4000 LEGATO ROAD  
                  SUITE 600  
City-State-Zip: FAIRFAX VA 22033

Title            DIRECTOR  
Name            FLORENCE, WALTER C.  
Address        4000 LEGATO ROAD  
                  SUITE 600  
City-State-Zip: FAIRFAX VA 22033

Title            DIRECTOR  
Name            NOLAN, PHIL  
Address        4000 LEGATO RD. SUITE 600  
City-State-Zip: FAIRFAX VA 22033

*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:** JAMES D KUHN

CFO

04/30/2019

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

\_\_\_\_\_ Date