

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000005013

**Entity Name:** INDIGOV CORPORATION

**Current Principal Place of Business:**

80 M STREET SE  
SUITE 01-202  
WASHINGTON, DC 20003

**FILED**  
**Feb 06, 2024**  
**Secretary of State**  
**7634114471CC**

**Current Mailing Address:**

80 M STREET SE  
SUITE 01-202  
WASHINGTON, DC 20003 US

**FEI Number: 84-2510501**

**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

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT  
Name           KOUTS, ALEXANDER  
Address        80 M STREET SE  
                  SUITE 01-202  
City-State-Zip: WASHINGTON DC 20003

Title           TREASURER  
Name           ZURBACH, JOHN  
Address        80 M STREET SE  
                  SUITE 01-202  
City-State-Zip: WASHINGTON DC 20003

Title           SECRETARY  
Name           FISCHER , ELIZABETH  
Address        80 M STREET SE  
                  SUITE 01-202  
City-State-Zip: WASHINGTON DC 20003

Title           CONTROLLER  
Name           LEBLANC , LEZA  
Address        80 M STREET SE  
                  SUITE 01-202  
City-State-Zip: WASHINGTON DC 20003

*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: LEZA LEBLANC**

**AUTHORIZED PERSON**

**02/06/2024**

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

\_\_\_\_\_  
Date