

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003532

Entity Name: INSIGHT PUBLIC SECTOR, INC.**Current Principal Place of Business:**6820 S HARL AVE
TEMPE, AZ 85283**Current Mailing Address:**6820 SOUTH HARL AVENUE
TEMPE, AZ 85283 US**FEI Number: 36-3949000****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 LAMNECK, KENNETH T
Address 6820 SOUTH HARL AVENUE
City-State-Zip: TEMPE AZ 85283

Title CEO
Name LAMNECK, KENNETH T
Address 6820 SOUTH HARL AVENUE
City-State-Zip: TEMPE AZ 85283

Title ASST SECRETARY
Name WALKER, MICHAEL L
Address 6820 SOUTH HARL AVENUE
City-State-Zip: TEMPE AZ 85283

Title CFO, DIRECTOR
Name BRYAN, GLYNIS A
Address 6820 SOUTH HARL AVENUE
City-State-Zip: TEMPE AZ 85283

Title VP
Name JOHNSON, HELEN K
Address 6820 SOUTH HARL AVENUE
City-State-Zip: TEMPE AZ 85283

Title VP TAX, TREASURER
Name WILLDEN, LYNN
Address 6820 SOUTH HARL AVENUE
City-State-Zip: TEMPE AZ 85283

Title ASST. SECRETARY
Name STEINHEISER, LISANNE
Address 6820 SOUTH HARL AVENUE
City-State-Zip: TEMPE AZ 85283

Title SECRETARY
Name COWLEY, SAMUEL
Address 6820 SOUTH HARL AVENUE
City-State-Zip: TEMPE AZ 85283

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: MICHAEL L. WALKER**ASST SECRETARY****04/18/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date