

**2020 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            SVP, TREASURER  
Name            WILLDEN, LYNN  
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****04/17/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date