2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2024
Secretary of State
1111648391CC

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Entity Name: COGNIA, INC.

Current Principal Place of Business:

9115 WESTSIDE PARKWAY
ALPHARETTA, GA 30009

Current Mailing Address:

9115 WESTSIDE PARKWAY
ALPHARETTA, GA 30009 US

FEI Number: 20-8613765

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	DIRECTOR, SECRETARY
Name	SWARTZ, RICH
Address	9115 WESTSIDE PARKWAY
City-State-Zip:	ALPHARETTA GA 30009

Title	DIRECTOR
Name	GOODALL, MAYA VALENCIA
Address	9115 WESTSIDE PARKWAY
City-State-Zip:	ALPHARETTA GA 30009

Title	DIRECTOR
Name	GILMORE, MARGARET
Address	9115 WESTSIDE PARKWAY
City-State-Zip:	ALPHARETTA GA 30009

Title	DIRECTOR
Name	WOMACK, JANET
Address	9115 WESTSIDE PARKWAY
City-State-Zip:	ALPHARETTA GA 30009

Title	DIRECTOR
Name	JACOBS, PHILIP S
Address	9115 WESTSIDE PARKWAY
City-State-Zip:	ALPHARETTA GA 30009

Title	PRESIDENT, DIRECTOR
Name	ELGART, MARK A
Address	9115 WESTSIDE PARKWAY
City-State-Zip:	ALPHARETTA GA 30009

Title	DIRECTOR
Name	COWE, KAREN
Address	9115 WESTSIDE PARKWAY
City-State-Zip:	ALPHARETTA GA 30009

Title	DIRECTOR
Name	BALDERAS, GUSTAVO
Address	9115 WESTSIDE PARKWAY
City-State-Zip:	ALPHARETTA GA 30009

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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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK A. ELGART PRESIDENT 03/08/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WHITE, EUGENE G
Address	9115 WESTSIDE PARKWAY
City-State-Zip:	ALPHARETTA GA 30009

Title	DIRECTOR
Name	HALEY, ELLEN
Address	9115 WESTSIDE PARKWAY
City-State-Zip:	ALPHARETTA GA 30009

Title	DIRECTOR
Name	SMITH, ALLEN
Address	9115 WESTSIDE PARKWAY
City-State-Zip:	ALPHARETTA GA 30009