

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005328

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

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

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

Title DIRECTOR, SECRETARY
Name RAMSEY, PAUL A.
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: PAUL A. RAMSEY**SECRETARY****04/18/2023**

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