

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002839

Entity Name: POPULATION CONNECTION, INC.**Current Principal Place of Business:**2120 L ST. NW
SUITE 500
WASHINGTON, DC 20037**Current Mailing Address:**2120 L ST. NW
SUITE 500
WASHINGTON, DC 20037**FEI Number:** 94-1703155**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	P, CEO
Name	SEAGER, JOHN
Address	2120 L ST. NW, STE 500
City-State-Zip:	WASHINGTON DC 20037

Title	C
Name	RABONI, ESTELLE M
Address	2120 L ST. NW, STE 500
City-State-Zip:	WASHINGTON DC 20037

Title	S
Name	HACH, BRYCE
Address	2120 L ST. NW, STE 500
City-State-Zip:	WASHINGTON DC 20037

Title	T
Name	PETTAPIECE, BOB
Address	2120 L ST. NW, STE 500
City-State-Zip:	WASHINGTON DC 20037

Title	DIRECTOR
Name	DICKSON, AMY
Address	2120 L ST. NW SUITE 500
City-State-Zip:	WASHINGTON DC 20037

Title	DIRECTOR
Name	HATHAWAY, MARK
Address	2120 L ST. NW SUITE 500
City-State-Zip:	WASHINGTON DC 20037

Title	DIRECTOR
Name	ALLEN, AARON S
Address	2120 L ST. NW SUITE 500
City-State-Zip:	WASHINGTON DC 20037

Title	DIRECTOR
Name	FERMAN, KATIE
Address	2120 L ST. NW SUITE 500
City-State-Zip:	WASHINGTON DC 20037

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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: JOHN SEAGER**PRESIDENT****02/17/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WHALEY, KEVIN
Address	2120 L ST. NW SUITE 500
City-State-Zip:	WASHINGTON DC 20037