2020 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

FILED Jan 16, 2020

Secretary of State

1604416884CC

Officer/Director Detail:

Title P, CEO Title

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

Title Т Title S

Name SAWYER, TOM Name HACH, BRYCE

2120 L ST. NW, STE 500 Address 2120 L ST. NW, STE 500 Address City-State-Zip: WASHINGTON DC 20037 City-State-Zip: WASHINGTON DC 20037

DIRECTOR Title Title DIRECTOR Name DICKSON, AMY Name KELLY, PADGETT Address 2120 L ST. NW Address 2120 L ST. NW

SUITE 500

SUITE 500

City-State-Zip: WASHINGTON DC 20037 City-State-Zip: WASHINGTON DC 20037

Title DIRECTOR Title **DIRECTOR**

PURVIS, DARA E Name Name NATHAN, SACHEEN Address 2120 L ST. NW Address 2120 L ST. NW

SUITE 500 SUITE 500

City-State-Zip: WASHINGTON DC 20037 WASHINGTON DC 20037 City-State-Zip:

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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.

01/16/2020 SIGNATURE: JOHN SEAGER PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

WASHINGTON DC 20037

City-State-Zip:

DIRECTOR Title Title DIRECTOR

HATHAWAY, MARK Name ALLEN, AARON S Name

Address 2120 L ST. NW Address 2120 L ST. NW SUITE 500 SUITE 500

WASHINGTON DC 20037 WASHINGTON DC 20037 City-State-Zip: City-State-Zip:

DIRECTOR Title DIRECTOR Title FERMAN, KATIE Name Name LIAAS, NEJLA Address 2120 L ST. NW Address 2120 L ST. NW

SUITE 500 SUITE 500

City-State-Zip:

WASHINGTON DC 20037

Title DIRECTOR Title **DIRECTOR**

PETTAPIECE, BOB Name CREANGA, ANDREEA Name

Address 2120 L ST. NW Address 2120 L ST. NW

SUITE 500 SUITE 500

WASHINGTON DC 20037 City-State-Zip: WASHINGTON DC 20037 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** HACH, BRYCE WHALEY, KEVIN Name Name Address 2120 L ST. NW

2120 L ST. NW Address

SUITE 500 SUITE 500

WASHINGTON DC 20037 WASHINGTON DC 20037 City-State-Zip: City-State-Zip: