

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000389

Entity Name: VISUAL SYSTEMS GROUP, INC.**Current Principal Place of Business:**7900 WESTPARK DRIVE
SUITE T-610
MCLEAN, VA 22102**Current Mailing Address:**7900 WESTPARK DRIVE
SUITE T-610
MCLEAN, VA 22102**FEI Number: 52-2352910****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 JONES, DONALD
Address 7900 WEST PARK DRIVE, SUITE T-610
City-State-Zip: MCLEAN VA 22102

Title DIRECTOR
Name EIN, MARK
Address 7900 WESTPARK DRIVE
 SUITE T-610
City-State-Zip: MCLEAN VA 22102

Title VP, SECRETARY, TREASURER
Name KNOTT, DAVID
Address 7900 WEST PARK DRIVE, STE T-610
City-State-Zip: MCLEAN VA 22102

Title DIRECTOR
Name MARK, WALSH
Address 7900 WESTPARK DRIVE
 SUITE T-610
City-State-Zip: MCLEAN VA 22102

Title DIRECTOR
Name COBURN, BROOKE
Address 7900 WESTPARK DRIVE
 SUITE T-610
City-State-Zip: MCLEAN VA 22102

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: DAVID KNOTT**SECRETARY****04/19/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date