

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000003513

**Entity Name:** COGNITIVE RESEARCH CORPORATION**Current Principal Place of Business:**200 CENTRAL AVENUE, STE 1230  
ST PETERSBURG, FL 33701**Current Mailing Address:**200 CENTRAL AVENUE, STE 1230  
ST PETERSBURG, FL 33701 US**FEI Number:** 65-1276928**Certificate of Status Desired:** Yes**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	PRES
Name	KAY, GARY DR
Address	200 CENTRAL AVE #1230
City-State-Zip:	ST PETERSBURG FL 33701

Title	COO
Name	HOCHADEL, THOMAS J
Address	1178 42ND AVE NE
City-State-Zip:	ST PETERSBURG FL 33703

Title	CFO
Name	HOFFMANN, ALAN
Address	3030 E CACTUS ROAD 101
City-State-Zip:	PHOENIX AZ 850327197

Title	CTO
Name	HOROHONICH, STEPHEN
Address	1239 86TH TERRACE NORTH
City-State-Zip:	ST PETERSBURG FL 33702

*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:** ALAN HOFFMANN

CFO

01/21/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date