

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007933

Entity Name: ALITHYA FULLSCOPE SOLUTIONS, INC.**Current Principal Place of Business:**2500 NORTHWINDS PARKWAY
SUITE 600
ALPHARETTA, GA 30009**Current Mailing Address:**2500 NORTHWINDS PARKWAY
SUITE 600
ALPHARETTA, GA 30009 US**FEI Number:** 38-3479107**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
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	PRESIDENT
Name	SMITH, RUSSELL
Address	2500 NORTHWINDS PARKWAY SUITE 600
City-State-Zip:	ALPHARETTA GA 30009

Title	TREASURER/CFO
Name	THIBAUT, CLAUDE
Address	2500 NORTHWINDS PARKWAY SUITE 600
City-State-Zip:	ALPHARETTA GA 30009

Title	SECRETARY
Name	FORCIER, NATHALIE
Address	2500 NORTHWINDS PARKWAY SUITE 600
City-State-Zip:	ALPHARETTA GA 30009

Title	DIRECTOR
Name	SMITH, RUSSELL
Address	2500 NORTHWINDS PARKWAY SUITE 600
City-State-Zip:	ALPHARETTA GA 30009

Title	DIRECTOR
Name	THIBAUT, CLAUDE
Address	2500 NORTHWINDS PARKWAY SUITE 600
City-State-Zip:	ALPHARETTA GA 30009

Title	DIRECTOR
Name	ROUSSEAU, CLAUDE
Address	2500 NORTHWINDS PARKWAY SUITE 600
City-State-Zip:	ALPHARETTA GA 30009

Title	CEO
Name	RAYMOND, PAUL
Address	2500 NORTHWINDS PARKWAY SUITE 600
City-State-Zip:	ALPHARETTA GA 30009

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: NATHALIE FORCIER**SECRETARY****03/25/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date