

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000000616

**Entity Name:** VISION GOVERNMENT SOLUTIONS, INC.**Current Principal Place of Business:**1 CABOT ROAD  
SUITE 100  
HUDSON, MA 01749**Current Mailing Address:**1 CABOT ROAD  
SUITE 100  
HUDSON, MA 01749 US**FEI Number:** 04-2867314**Certificate of Status Desired:** No**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 SECRETARY  
Name ARNOLD, DAVID  
Address 1 CABOT ROAD  
SUITE 100  
City-State-Zip: HUDSON MA 01749

Title DIRECTOR  
Name RICH, JAMES  
Address 1 CABOT ROAD  
SUITE 100  
City-State-Zip: HUDSON MA 01749

Title DIRECTOR  
Name O'BRIEN, R. ANDREW  
Address PO BOX 590495  
City-State-Zip: NEWTON CENTRE MA 02459

Title DIRECTOR  
Name COMER, KEVIN M  
Address 1 CABOT ROAD  
SUITE 100  
City-State-Zip: HUDSON MA 01749

Title TREASURER  
Name BULLOCK, KEVIN  
Address 1 CABOT ROAD  
SUITE 100  
City-State-Zip: HUDSON MA 01749

Title DIRECTOR  
Name SHARP, MICHAEL  
Address 1 CABOT ROAD  
SUITE 100  
City-State-Zip: HUDSON MA 01749

Title PRESIDENT  
Name SMITH, PAUL  
Address 1 CABOT ROAD  
SUITE 100  
City-State-Zip: HUDSON MA 01749

*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 ARNOLD

SECRETARY

01/16/2019

Electronic Signature of Signing Officer/Director Detail

Date