

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000005020

**Entity Name:** SYSTEMS MADE SIMPLE, INC.

**Current Principal Place of Business:**

1750 PRESIDENTS STREET  
RESTON, VA 20190

**FILED**  
**Apr 24, 2021**  
**Secretary of State**  
**5707384027CC**

**Current Mailing Address:**

1750 PRESIDENTS STREET  
RESTON, VA 20190 US

**FEI Number: NOT APPLICABLE**

**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 SENIOR TAX DIRECTOR  
Name GREENE, PATRICK J  
Address 1750 PRESIDENTS STREET  
City-State-Zip: RESTON VA 20190

Title SENIOR VICE PRESIDENT FOR REAL ESTATE  
Name SCOTT, ROBERT W  
Address 1750 PRESIDENTS STREET  
City-State-Zip: RESTON VA 20190

Title ASSISTANT SECRETARY  
Name BIRK, MATTHEW  
Address 1750 PRESIDENTS STREET  
City-State-Zip: RESTON VA 20190

Title ASSISTANT SECRETARY  
Name KLIGYS, RAE  
Address 1750 PRESIDENTS STREET  
City-State-Zip: RESTON VA 20190

Title DIRECTOR  
Name REAGAN, JAMES C  
Address 1750 PRESIDENTS STREET  
City-State-Zip: RESTON VA 20190

Title SENIOR TAX DIRECTOR  
Name LEAK, JAMES COUNCILL  
Address 1750 PRESIDENTS STREET  
City-State-Zip: RESTON VA 20190

Title TREASURY ACCOUNTS OFFICER  
Name BROWN, MARCIA L.  
Address 1750 PRESIDENTS STREET  
City-State-Zip: RESTON VA 20190

Title DIRECTOR  
Name HOWE, JERALD S. JR.  
Address 1750 PRESIDENTS STREET  
City-State-Zip: RESTON VA 20190

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BENJAMIN A. WINTER**

**SECRETARY**

**04/24/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT (ACTING)  
Name            PORTER, ELIZABETH M.  
Address        1750 PRESIDENTS STREET  
City-State-Zip: RESTON VA 20190

Title            SECRETARY  
Name            WINTER, BENJAMIN A.  
Address        1750 PRESIDENTS STREET  
City-State-Zip: RESTON VA 20190

Title            TREASURER  
Name            LEAK, JAMES COUNCILL  
Address        1750 PRESIDENTS STREET  
City-State-Zip: RESTON VA 20190