

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000001637

**Entity Name:** MISSION FIRST, INC.**Current Principal Place of Business:**10215 WINCOPIN CIRCLE SUITE 200  
COLUMBIA, MD 21044**Current Mailing Address:**10215 WINCOPIN CIRCLE SUITE 200  
COLUMBIA, MD 21044**FEI Number:** 27-1453868**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           | DP                              |
| Name            | VIESER, WALTER II               |
| Address         | 10215 WINCOPIN CIRCLE SUITE 200 |
| City-State-Zip: | COLUMBIA MD 21044               |

|                 |                                 |
|-----------------|---------------------------------|
| Title           | SECRETARY                       |
| Name            | HOGAN, HEATHER                  |
| Address         | 10215 WINCOPIN CIRCLE SUITE 200 |
| City-State-Zip: | COLUMBIA MD 21044               |

|                 |                                 |
|-----------------|---------------------------------|
| Title           | PARTNER                         |
| Name            | KOSYDAR, ROBERT                 |
| Address         | 10215 WINCOPIN CIRCLE SUITE 200 |
| City-State-Zip: | COLUMBIA MD 21044               |

|                 |                                 |
|-----------------|---------------------------------|
| Title           | CONTROLLER                      |
| Name            | LINCALIS, GRADY                 |
| Address         | 10215 WINCOPIN CIRCLE SUITE 200 |
| City-State-Zip: | COLUMBIA MD 21044               |

*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:** GRADY LINCALIS**CONTROLLER****01/14/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date