

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000565

Entity Name: NEXVORTEX, INC.

**Current Principal Place of Business:**

510 SPRING ST  
SUITE 250  
HERNDON, VA 20170

**Current Mailing Address:**

510 SPRING ST  
SUITE 250  
HERNDON, VA 20170 US

FEI Number: 11-3683345

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            PRESIDENT, SECRETARY, DIRECTOR  
Name            KORNMANN, BRIAN R  
Address        510 SPRING ST  
                 SUITE 250  
City-State-Zip: HERNDON VA 20170

Title            DIRECTOR  
Name            CUNNINGHAM, JOHN P  
Address        510 SPRING ST  
                 SUITE 250  
City-State-Zip: HERNDON VA 20170

Title            DIRECTOR  
Name            AHEARN, FRANCIS X  
Address        510 SPRING ST  
                 SUITE 250  
City-State-Zip: HERNDON VA 20170

Title            DIRECTOR, CEO  
Name            BLOSS, GEOFFREY  
Address        510 SPRING ST  
                 SUITE 250  
City-State-Zip: HERNDON VA 20170

Title            TREASURER  
Name            BOROW, ELIZABETH R  
Address        510 SPRING ST  
                 SUITE 250  
City-State-Zip: HERNDON VA 20170

Title            CFO  
Name            FECHTER, DOUGLAS  
Address        510 SPRING ST  
                 SUITE 250  
City-State-Zip: HERNDON VA 20170

Title            VICE PRESIDENT AND DIRECTOR  
Name            KLEIN, JESSE  
Address        510 SPRING ST  
                 SUITE 250  
City-State-Zip: HERNDON VA 20170

Title            VICE PRESIDENT AND DIRECTOR  
Name            DUNN, ROBERT C  
Address        510 SPRING ST  
                 SUITE 250  
City-State-Zip: HERNDON VA 20170

**Continues on page 2**

*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: DOUGLAS FECHTER

CFO

01/06/2022

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name PROHASKA, JORDAN  
Address 510 SPRING ST  
SUITE 250  
City-State-Zip: HERNDON VA 20170