

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000001076

**FILED**  
**Jan 22, 2019**  
**Secretary of State**  
**7110310450CC**

**Entity Name:** NELSONNYGAARD CONSULTING ASSOCIATES, INC.

**Current Principal Place of Business:**

2 BRYANT STREET  
SUITE 300  
SAN FRANCISCO, CA 94105

**Current Mailing Address:**

2 BRYANT STREET  
SUITE 300  
SAN FRANCISCO, CA 94105 US

**FEI Number:** 58-2592493

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
155 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301 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 STEPHENS, BRODIE  
Address 2 BRYANT STREET  
SUITE 300  
City-State-Zip: SAN FRANCISCO CA 94105

Title PRESIDENT  
Name HARRISON, PHILIP  
Address 1315 PEACHTREE STREET, NE  
City-State-Zip: ATLANTA GA 30309

Title CFO  
Name WAYMIRE, DANA  
Address 2 BRYANT STREET  
SUITE 300  
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR  
Name TREAT, LEAH  
Address 621 SW MORRISON STREET  
SUITE 1250  
City-State-Zip: PORTLAND OR 97205

Title DIRECTOR  
Name HARRISON , PHILIP  
Address 1315 PEACHTREE STREET, NE  
City-State-Zip: ATLANTA GA 30309

*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:** LEAH TREAT

**DIRECTOR**

**01/22/2019**

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

\_\_\_\_\_  
Date