

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003600

**FILED**  
**Mar 25, 2019**  
**Secretary of State**  
**3870804396CC**

**Entity Name:** IHC CARRIER SOLUTIONS, INC.

**Current Principal Place of Business:**

5450 EAST HIGH STREET  
SUITE 300  
PHOENIX, AZ 85054

**Current Mailing Address:**

485 MADISON AVENUE, 14TH FLOOR  
NEW YORK, NY 10022 US

**FEI Number:** 46-3754615

**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            SECRETARY  
Name            NISSER, LOAN  
Address        485 MADISON AVENUE, 14TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title            DIRECTOR  
Name            HERBERT, TERESA A.  
Address        485 MADISON AVENUE, 14TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title            PRESIDENT  
Name            KETTIG, DAVID T.  
Address        485 MADISON AVENUE, 14TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title            CFO  
Name            DUBAUSKAS, JON A.  
Address        5450 EAST HIGH STREET  
                 SUITE 300  
City-State-Zip: PHOENIX AZ 85054

Title            DIRECTOR  
Name            KETTIG, DAVID T.  
Address        485 MADISON AVENUE, 14TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title            DIRECTOR  
Name            GRABER, LARRY R.  
Address        9600 GREAT HILLS TRAILS #100U  
City-State-Zip: AUSTIN TX 78759

*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:** LOAN NISSER

**SECRETARY**

**03/25/2019**

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

\_\_\_\_\_  
Date