

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000004185

**Entity Name:** STATE VOICES INC.**Current Principal Place of Business:**1616 P STREET, NW  
SUITE 220  
WASHINGTON, DC 20036**Current Mailing Address:**1616 P STREET, NW  
SUITE 220  
WASHINGTON, DC 20036 US**FEI Number:** 20-1115618**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 SECRETARY  
Name GLEASON, PAIGE  
Address 1616 P STREET, NW  
SUITE 220  
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR  
Name BONIFAZ, JOHN  
Address 1616 P STREET, NW  
SUITE 220  
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR  
Name CASEY, ERIN  
Address 1616 P STREET, NW  
SUITE 220  
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR  
Name LASSEN, MARY  
Address 1616 P STREET, NW  
SUITE 220  
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR  
Name PEREZ, SONIA  
Address 1616 P STREET, NW  
SUITE 220  
City-State-Zip: WASHINGTON DC 20036

Title PRESIDENT, CHAIRMAN  
Name RAPOPORT, MILES  
Address 1616 P STREET, NW  
SUITE 220  
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR  
Name VANN, ROGER C.  
Address 1616 P STREET, NW  
SUITE 220  
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR  
Name BILAL-THREATS, DAAIYAH  
Address 1616 P STREET, NW  
SUITE 220  
City-State-Zip: WASHINGTON DC 20036

**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: ROGER C. VANN****DIRECTOR****01/17/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                SEN, RINKU  
Address             1616 P STREET, NW  
                         SUITE 220  
City-State-Zip:    WASHINGTON DC 20036

Title                 DIRECTOR  
Name                ROSENSTEIN, PERRY  
Address             1616 P STREET, NW  
                         SUITE 220  
City-State-Zip:    WASHINGTON DC 20036

Title                 TREASURER  
Name                ANDERSON, SCOTT  
Address             1616 P STREET, NW  
                         SUITE 220  
City-State-Zip:    WASHINGTON DC 20036