

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000004490

Entity Name: INFORMATION INNOVATORS, INC.**Current Principal Place of Business:**4000 LEGATO RD. SUITE 600
FAIRFAX, VA 22033**Current Mailing Address:**4000 LEGATO RD. SUITE 600
FAIRFAX, VA 22033 US**FEI Number: 54-2025807****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET, SUITE 4
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	PRESIDENT, DIRECTOR
Name	FERRANDO, THOMAS J.
Address	4000 LEGATO ROAD SUITE 600
City-State-Zip:	FAIRFAX VA 22033

Title	SENIOR VP
Name	ROSE, LAURENCE M.
Address	4000 LEGATO ROAD SUITE 600
City-State-Zip:	FAIRFAX VA 22033

Title	DIRECTOR
Name	FLORENCE, WALTER C.
Address	4000 LEGATO ROAD SUITE 600
City-State-Zip:	FAIRFAX VA 22033

Title	DIRECTOR
Name	NOLAN, PHIL
Address	4000 LEGATO RD. SUITE 600
City-State-Zip:	FAIRFAX VA 22033

Title	DIRECTOR
Name	SINGH, ALOK
Address	4000 LEGATO RD. SUITE 600
City-State-Zip:	FAIRFAX VA 22033

Title	CFO
Name	NAREL, LUCAS
Address	4000 LEGATO RD. SUITE 600
City-State-Zip:	FAIRFAX VA 22033

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: LUCAS NAREL**CHIEF FINANCIAL
OFFICER****04/30/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date