

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000003955

**Entity Name:** IDENTITY GUARD INC**Current Principal Place of Business:**3901 STONECROFT BLVD.  
CHANTILLY, VA 20151**Current Mailing Address:**3901 STONECROFT BLVD.  
CHANTILLY, VA 20151 US**FEI Number:** 54-1956515**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 CFO  
Name BARDEN, RONALD L.  
Address 3901 STONECROFT BLVD.  
City-State-Zip: CHANTILLY VA 20151

Title SECRETARY  
Name BERLIN, DUANE L.  
Address 3901 STONECROFT BLVD.  
City-State-Zip: CHANTILLY VA 20151

Title VP  
Name WARD, TRACY  
Address 3901 STONECROFT BLVD.  
City-State-Zip: CHANTILLY VA 20151

Title DIRECTOR  
Name CUNNEEN, BLAKE  
Address 3901 STONECROFT BLVD.  
City-State-Zip: CHANTILLY VA 20151

Title DIRECTOR, CEO  
Name RAVICHANDRAN, HARI  
Address 3901 STONECROFT BLVD.  
City-State-Zip: CHANTILLY VA 20151

Title DIRECTOR  
Name SAEED, HAMED  
Address 3901 STONECROFT BLVD.  
City-State-Zip: CHANTILLY VA 20151

*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:** TRACY WARD

VICE PRESIDENT

03/20/2019

Electronic Signature of Signing Officer/Director Detail

Date