

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000003955

**Entity Name:** IDENTITY GUARD INC**Current Principal Place of Business:**2553 DULLES VIEW DR  
SUITE 400  
HERNDON, VA 20171**Current Mailing Address:**2553 DULLES VIEW DR  
SUITE 400  
HERNDON, VA 20171 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 DIRECTOR  
Name RAVICHANDRAN, HARI  
Address 2553 DULLES VIEW DR  
SUITE 400  
City-State-Zip: HERNDON VA 20171

Title CEO  
Name RAVICHANDRAN, HARI  
Address 2553 DULLES VIEW DR  
SUITE 400  
City-State-Zip: HERNDON VA 20171

Title DIRECTOR  
Name CUNNEEN, BLAKE  
Address 2553 DULLES VIEW DR  
SUITE 400  
City-State-Zip: HERNDON VA 20171

Title DIRECTOR  
Name SAEED, HAMED  
Address 2553 DULLES VIEW DR  
SUITE 400  
City-State-Zip: HERNDON VA 20171

Title SECRETARY & CHIEF LEGAL  
OFFICER  
Name BERLIN, DUANE L.  
Address 2553 DULLES VIEW DR  
SUITE 400  
City-State-Zip: HERNDON VA 20171

Title CFO  
Name PORTER, WILLIAM  
Address 2553 DULLES VIEW DR  
SUITE 400  
City-State-Zip: HERNDON VA 20171

*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:** WILLIAM PORTER

CFO

04/25/2021

Electronic Signature of Signing Officer/Director Detail

Date