

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000005120

Entity Name: EXCELLA, INC.

**Current Principal Place of Business:**

2300 WILSON BLVD STE 600  
ARLINGTON, VA 22201

**Current Mailing Address:**

2300 WILSON BLVD STE 600  
ARLINGTON, VA 22201

FEI Number: 54-2062249

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 N CALHOUN ST STE 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  
Name            WHITE, ERNEST BURTON  
Address        2300 WILSON BLVD STE 600  
City-State-Zip: ARLINGTON VA 22201

Title            PRESIDENT  
Name            GALLIMORE, JEFFREY  
Address        2300 WILSON BLVD STE 600  
City-State-Zip: ARLINGTON VA 22201

Title            VP  
Name            MAHSHIE, ZACHARY  
Address        2300 WILSON BLVD STE 600  
City-State-Zip: ARLINGTON VA 22201

Title            VP  
Name            KEZEL, NADINA  
Address        2300 WILSON BLVD STE 600  
City-State-Zip: ARLINGTON VA 22201

Title            VP  
Name            RASHID, MAHREEN  
Address        2300 WILSON BLVD STE 600  
City-State-Zip: ARLINGTON VA 22201

Title            DIRECTOR  
Name            RAO, MOHAN  
Address        2300 WILSON BLVD STE 600  
City-State-Zip: ARLINGTON VA 22201

Title            DIRECTOR  
Name            CHODAKEWITZ, SUSAN  
Address        2300 WILSON BLVD STE 600  
City-State-Zip: ARLINGTON VA 22201

Title            DIRECTOR  
Name            LITTLE, PAMELA  
Address        2300 WILSON BLVD STE 600  
City-State-Zip: ARLINGTON VA 22201

**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: ZACHARY MAHSHIE

VICE PRESIDENT

04/11/2024

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name GILLESPIE, SANDY  
Address 2300 WILSON BLVD STE 600  
City-State-Zip: ARLINGTON VA 22201

Title DIRECTOR  
Name HARDISON, BETH  
Address 2300 WILSON BLVD STE 600  
City-State-Zip: ARLINGTON VA 22201