

8/23/2018

F18000003955

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H18000247927 3)))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

FILED
2018 AUG 14 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Intersections Inc.

Requesting
original filing
date of
8/14/2018

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$78.75

Requesting
original filing
date of
8/14/2018

Electronic Filing Menu

Corporate Filing Menu

Help

850-617-6381

8/24/2018 9:44:48 AM PAGE 1/001 Fax Server



August 24, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT

SUBJECT: INTERSECTIONS INC
REF: W18000076684

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist IIFAX Aud. #: H18000247927
Letter Number: 518A00017548

④

RECEIVED

2018 AUG 24 PM 3:38

P.O. BOX 6327 - Tallahassee, Florida 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Intersections Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Identity Guard Inc

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/10/1999 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3901 Stonecroft Blvd., Chandlily, VA 20151-1032
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: Michael Scraphin Michael Scraphin, Asst. Secretary
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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 2018 AUG 14 AM 9:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors: *SEE ATTACHMENT*

A. DIRECTORS

Chairman: Michael R. Stanfield

Address: 3901 Stonecroft Blvd.
Chantilly, VA 20151-1032

Vice Chairman: _____

Address: _____

Director: John M. Albertine

Address: 3901 Stonecroft Blvd.
Chantilly, VA 20151-1032

Director: Thomas G. Amato

Address: 3901 Stonecroft Blvd.
Chantilly, VA 20151-1032

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: Duane L. Berlin

Address: 3901 Stonecroft Blvd., Chantilly, VA 20151-1032

Treasurer: Tracy M. Ward

Address: 3901 Stonecroft Blvd., Chantilly, VA 20151-1032

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Tracy M. Ward, Treasurer *Tracy M. Ward*
 (Typed or printed name and capacity of person signing application)

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 TALLAHASSEE, FLORIDA

Additional Officers and Directors

Full Name: Michael R. Stanfield
Title: CEO
Business Address: 3901 Stonecroft Blvd.
City: Chantilly
State: VA
Zip Code: 20151-1032

Full Name: Ronald L. Barden
Title: CFO
Business Address: 3901 Stonecroft Blvd.
City: Chantilly
State: VA
Zip Code: 20151-1032

Full Name: Melba M. Amussi
Title: COO
Business Address: 3901 Stonecroft Blvd.
City: Chantilly
State: VA
Zip Code: 20151-1032

Full Name: Thomas L. Kempner
Title: Director
Business Address: 3901 Stonecroft Blvd.
City: Chantilly
State: VA
Zip Code: 20151-1032

Full Name: Bruce L. Lev
Title: Director
Business Address: 3901 Stonecroft Blvd.
City: Chantilly
State: VA
Zip Code: 20151-1032

Full Name: David A. McGough
Title: Director
Business Address: 3901 Stonecroft Blvd.
City: Chantilly
State: VA
Zip Code: 20151-1032

Full Name: Melvin R. Seiler
Title: Director
BusinessAddress: 3901 Stonecroft Blvd.
City: Chantilly
State: VA
Zip Code: 20151-1032

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTERSECTIONS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3079533 8300

SR# 20186327792

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203302622

Date: 08-23-18



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN
ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Tracy M. Ward, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____

Intersections Inc.

(Name of Corporation)

a corporation duly organized and existing under the laws of Delaware,
(State or Country)

was adopted on August 24, 2018, adopting the alternate

name of Identity Guard Inc.
(Alternate Name) NOTE: Must contain a corporate suffix)

for use in Florida as its real name is unavailable in Florida.

Date: August 24, 2018

Tracy M. Ward
Signature of Chairman, Vice Chairman of the Board, a
director or any officer

Treasurer
Title of person signing

FILING FEE \$35

(No fee required if submitted with a foreign not for profit qualification or amendment)

Make checks payable to Florida Department of State and mail to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E126 (04/12)