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## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT: Informa	tion Sciences Consul	ting. Incorporate	ed .		
3003LC11	Name	of corporation	- must include suffix		
Dear Sir or Madam:					
The enclosed "Applic "Certificate of Exister above referenced fore	ice," or "Certificate	of Good Stan	Authorization to Transacding" and check are submass in Florida.	t Business in Florida." nitted to register the	
Please return all corre	spondence concern	ing this matter	to the following:		
Michelle Swarthout					
	, ,	Name of	Person		
Information Sciences C	onsulting, Inc.				
		Firm/Com	pany		
10432 Balls Ford Rd., S	Suite 300				
	,-	Addre	288		
Manassas, VA 20109-2	517				
		City/State a	nd Zip code		
mswarthout@teamisci.c					
	E-mail addres	s; (to be used f	or future annual report in	otification)	
For further information	on concerning this r	natter, please c	eall:		
Michelle Swarthout		703	de Daytime Telephone Number		
Name of Per	son	Area Cod	e Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a check for Please make check pays ☐ \$70.00 Filing Fee	or the following am able to: FLORIDA D S78.75 Fili Certificate	DEPARTMENT ng Fee & E	OF STATE S78.75 Filing Fee & Certified Copy	\$87,50 Filing Fee, Certificate of Status & Certified Copy	

## 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.

(Enter name of corporation; must include "INCORPORATED," "COMPAN" "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")  ISCI  (If name unavailable in Florida, enter alternate corporate name adopted for the State of Viginia  (State or country under the law of which it is incorporated)  January 10, 2001  (Date first transacted business in Florida, if proceedings of SEE SECTIONS 607.1501 & 607.1502, F.S., to decrease the second of the Second of Se	e purpose of tra 54-2015109 (FEI number te of duration, it	nsacting ber, if appli	ousiness i cable) n perpetu	
(If name unavailable in Florida, enter alternate corporate name adopted for the State of Viginia 3.  (State or country under the law of which it is incorporated)  January 10, 2001 5.  (Date of incorporation) (Date first transacted business in Florida, if proceedings of the SEE SECTIONS 607,1501 & 607,1502, F.S., to de 10432 Balls Ford Rd., Suite 300, Manassas, VA 20109-2517  (Principal office street additional street) (Current mailing address, if of the street) (Current mailing address, if of the street) (Current mailing address) if of the street address) (Current mailing address) if of the street address (Current mailing address) if of the street addres	54-2015109 (FEI numbers of duration, it for to registratic etermine penalty	r, if appli	eable) n perpett	
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(Date of incorporation)  (Date first transacted business in Florida, if processed business in Florida, if pr	(FEI numbers of duration, it is registration to registration etermine penalty ress)	r, if appli other tha	n perpett	ial)
(Date of incorporation)  (Date first transacted business in Florida, if processed business in Florida, if pr	te of duration, it	other tha	n perpett	ial)
(Date first transacted business in Florida, if proceedings of the SECTIONS 607.1501 & 607.1502, F.S., to do 10432 Balls Ford Rd., Suite 300, Manassas, VA 20109-2517  (Principal office street address, if of the street address)	ior to registratic etermine penalty ress)	on)		ial)
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10432 Balls Ford Rd., Suite 300, Manassas, VA 20109-2517  (Principal office street address, if office mailing address, if office street address)	ress)	on) / liability)		
(Principal office <u>street</u> addr (Current mailing address, if o				
(Current mailing address, if o				
Name and street address of Florida registered agent: (P.O. Box NOT	lifferent)			
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u>				
	_acceptable)	и.*	- 2	
Name: ISCI - Byron A. Van Epps		. :	4 d . (V)	
5626 C Thomas P.d.		1e :		:
ffice Address:		•	1	
ffice Address:  Wildwood Florid	34785 da			
(City)	(Zip code)	•	•	•
. Registered agent's acceptance:		: · ·	94 CD	
Aving been named as registered agent and to accept service of proces			$i^{\frac{1}{2}}$ .	

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.

#### A. DIRECTORS Jacqueline A. Van Epps Byron A. Van Epps □Chairman Name: ■ Chairman 1643 Tull Rd. 1643 Tull Rd. □Vice Chairman Address: □Vice Chairman Address: Greenville, NC 27858 Greenville, NC 27858 □ Director □ Director □ President President □ Vice President □Vice President □Treasurer □Treasurer ■ Secretary □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ Michelle Swarthout □ Chairman Name: \_\_\_\_\_ □ Chairman 9601 Riverdale Place □ Vice Chairman Address: □Vice Chairman Address: Manassas, VA 20110 □ Director □ Director □ President □ President □Vice President □Vice President \_\_\_\_\_ ☐ Treasurer □ Secretary Treasurer □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_\_\_ □ Other □Other \_\_\_\_\_ Name: \_\_\_\_\_\_ □ Chairman □ Chairman Name: \_\_\_\_\_\_ ☐ Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_\_ ☐ Director □ Director □President □President □ Vice President □Vice President \_\_\_\_\_ □ Treasurer □ Treasurer □ Secretary □ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals my be added to the index when tiling your Florida Department of State Annual Report form. 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.

Byron A. Van Epps, Chairman of the Board, President & CEO

# Commonwealth of Hirginia



# State Corporation Commission

### CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Information Sciences Consulting, Incorporated is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on January 10, 2001;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

October 29, 2020

Bernard J. Logan, Interim Clerk of the Commission