

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115995

FILED  
Apr 13, 2012  
Secretary of State

Entity Name: NAVIGY, INC.

**Current Principal Place of Business:**

4800 DEERWOOD CAMPUS PKWY, DC1-7  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

4800 DEERWOOD CAMPUS PKWY, DC1-7  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

FEI Number: 59-3688055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOLLY, AREZOU C  
4800 DEERWOOD CAMPUS PKWY, DC1-7  
JACKSONVILLE, FL 32246 US

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

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

**OFFICERS AND DIRECTORS:**

Title: C  
Name: BOOMA, STEPHEN  
Address: 4800 DEERWOOD CAMPUS PKWY, DC1-8  
City-St-Zip: JACKSONVILLE, FL 32246

Title: DCEO  
Name: HARDEMAN, DON  
Address: 4800 DEERWOOD CAMPUS PKWY, DC9-1  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D  
Name: MCDONALD, DEANNA  
Address: 4800 DEERWOOD CAMPUS PKWY, DC1-8  
City-St-Zip: JACKSONVILLE, FL 32246

Title: T  
Name: HONG, LINDA  
Address: 4800 DEERWOOD CAMPUS PKWY, DC1-6  
City-St-Zip: JACKSONVILLE, FL 32246

Title: S  
Name: JOLLY, AREZOU C  
Address: 4800 DEERWOOD CAMPUS PKWY, DC1-7  
City-St-Zip: JACKSONVILLE, FL 32246

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: AREZOU C. JOLLY

S

04/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date