

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000023023

Entity Name: ICF PROS INC.

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

672 MANDY OAKS DRIVE  
JACKSONVILLE, FL 32220

**New Principal Place of Business:**

**Current Mailing Address:**

672 MANDY OAKS DRIVE  
JACKSONVILLE, FL 32220

**New Mailing Address:**

FEI Number: 38-3859015

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOSEPH, MATT  
672 MANDY OAKS DRIVE  
JACKSONVILLE, FL 32220 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: DPS  
Name: JOSEPH, MATTHEW A  
Address: 672 MANDY OAKS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32220

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: MATTHEW A. JOSEPH

MR.

04/16/2012

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

\_\_\_\_\_  
Date