

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000069154

**Entity Name:** INDUSTRY CONSULTING GROUP, INC.

**Current Principal Place of Business:**

2777 N STEMMONS FREEWAY STE 940  
DALLAS, TX 75207

**FILED**  
**Apr 25, 2014**  
**Secretary of State**  
**CC3736769761**

**Current Mailing Address:**

655 N. FRANKLIN STREET  
SUITE 1900  
TAMPA, FL 33602 US

**FEI Number: 45-2880061**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
C/O C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DC  
Name MASTERS, KENNETH R  
Address 681 S PARKER ST, SUITE 300  
City-State-Zip: ORANGE CA 92868

Title VS  
Name GRAMMIG, LAUREL L  
Address 655 N. FRANKLIN ST., STE. 1900  
City-State-Zip: TAMPA FL 33602

Title VP  
Name WATTS, ANDY  
Address 220 S RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title VP  
Name ANDERSON, AARON  
Address 2777 N STEMMONS FREEWAY STE 940  
City-State-Zip: DALLAS TX 75207

Title T  
Name PORTO, RACHEL  
Address 655 N. FRANKLIN STREET SUITE 1900  
City-State-Zip: TAMPA FL 33602

Title EVP  
Name BROWN, J. KEVIN  
Address 2777 N. STEMMONS FREEWAY SUITE 940  
City-State-Zip: DALLAS TX 75207

*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: LAUREL L. GRAMMIG**

**VP, SECRETARY**

**04/25/2014**

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

\_\_\_\_\_  
Date