

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000000997

**FILED**  
**Jan 31, 2021**  
**Secretary of State**  
**0357544742CC**

**Entity Name:** THE INTERNATIONAL ANTICOUNTERFEITING COALITION, INC.

**Current Principal Place of Business:**

727 15TH STREET NW, 9TH FLOOR  
WASHINGTON, DC 20005

**Current Mailing Address:**

727 15TH STREET NW, 9TH FLOOR  
WASHINGTON, DC 20005 US

**FEI Number: 94-2921494**

**Certificate of Status Desired: No**

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

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 P  
Name BARCHIESI, ROBERT C  
Address 727 15TH STREET NW, 9TH FLOOR  
City-State-Zip: WASHINGTON DC 20005

Title D  
Name ATLAS, DAWN  
Address 205 W. 39TH STREET  
City-State-Zip: NEW YORK NY 10018

Title D  
Name DUGGAN, JIM  
Address 350 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10018

Title D  
Name HAHN, ADRIENNE  
Address 9 WEST 57TH STREET, 2B  
City-State-Zip: NEW YORK NY 10019

Title D  
Name RICE, LEWIS  
Address 767 FIFTH AVENUE  
City-State-Zip: NEW YORK NY 10053

Title D  
Name DELLICARPINI, BARBARA  
Address VIA ISONZO, 55  
City-State-Zip: CASALECCHIO DI RENO EMILIA-  
ROMAGNA

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT C BARCHIESI**

**PRESIDENT**

**01/31/2021**

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

\_\_\_\_\_  
Date