

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852176

Entity Name: ICON IDENTITY SOLUTIONS, INC.**Current Principal Place of Business:**1701 GOLF ROAD, 1-900
ROLLING MEADOWS, IL 60008**Current Mailing Address:**1701 GOLF ROAD, 1-900
ROLLING MEADOWS, IL 60008 US**FEI Number:** 36-4122053**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	DIRECTOR
Name	CALLAN, JOHN
Address	1701 GOLF ROAD, 1-900
City-State-Zip:	ROLLING MEADOWS IL 60008

Title	DIRECTOR
Name	RIPKEY, KURT
Address	1701 GOLF ROAD, 1-900
City-State-Zip:	ROLLING MEADOWS IL 60008

Title	SECRETARY
Name	CALLAN, JOHN
Address	1701 GOLF ROAD, 1-900
City-State-Zip:	ROLLING MEADOWS IL 60008

Title	TREASURER
Name	CALLAN, JOHN
Address	1701 GOLF ROAD, 1-900
City-State-Zip:	ROLLING MEADOWS IL 60008

Title	PRESIDENT
Name	RIPKEY, KURT
Address	1701 GOLF ROAD, 1-900
City-State-Zip:	ROLLING MEADOWS IL 60008

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: JOHN CALLAN**SECRETARY****04/05/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date