

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000565

Entity Name: NEXVORTEX, INC.**Current Principal Place of Business:**510 SPRING ST
SUITE 250
HERNDON, VA 20170**Current Mailing Address:**510 SPRING ST
SUITE 250
HERNDON, VA 20170 US**FEI Number:** 11-3683345**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	PRESIDENT, SECRETARY, DIRECTOR
Name	KORNMANN, BRIAN R
Address	510 SPRING ST SUITE 250
City-State-Zip:	HERNDON VA 20170

Title	DIRECTOR
Name	CUNNINGHAM, JOHN P
Address	510 SPRING ST SUITE 250
City-State-Zip:	HERNDON VA 20170

Title	DIRECTOR
Name	AHEARN, FRANCIS X
Address	510 SPRING ST SUITE 250
City-State-Zip:	HERNDON VA 20170

Title	DIRECTOR, CEO
Name	BLOSS, GEOFFREY
Address	510 SPRING ST SUITE 250
City-State-Zip:	HERNDON VA 20170

Title	TREASURER
Name	BOROW, ELIZABETH R
Address	510 SPRING ST SUITE 250
City-State-Zip:	HERNDON VA 20170

Title	CFO
Name	FECHTER, DOUGLAS
Address	510 SPRING ST SUITE 250
City-State-Zip:	HERNDON VA 20170

Title	VP OF OPERATIONS
Name	MILLER, LITA
Address	510 SPRING ST SUITE 250
City-State-Zip:	HERNDON VA 20170

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: LITA MILLER

VP OF OPERATIONS

01/05/2021

Electronic Signature of Signing Officer/Director Detail_____
Date