

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000005474

Entity Name: I4C INNOVATIONS INC.**Current Principal Place of Business:**3800 CONCORDE PKWY.
SUITE 400
CHANTILLY, VA 20151**Current Mailing Address:**3800 CONCORDE PKWY.
SUITE 400
CHANTILLY, VA 20151 US**FEI Number:** 46-2253330**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 PRESIDENT/DIRECTOR
Name NOCE, JEFFREY S.
Address 3800 CONCORDE PKWY.
 SUITE 400
City-State-Zip: CHANTILLY VA 20151

Title SECRETARY/DIRECTOR
Name BERLIN, DUANE L.
Address 3800 CONCORDE PKWY.
 SUITE 400
City-State-Zip: CHANTILLY VA 20151

Title TREASURER
Name WARD, TRACY
Address 3901 STONECROFT BLVD.
City-State-Zip: CHANTILLY VA 20151

Title DIRECTOR
Name STANFIELD, MICHAEL R.
Address 3901 STONECROFT BLVD.
City-State-Zip: CHANTILLY VA 20151

Title DIRECTOR
Name DITTERSDORF, NEAL B.
Address 3901 STONECROFT BLVD.
City-State-Zip: CHANTILLY VA 20151

Title DIRECTOR
Name BARDEN, RONALD L.
Address 3901 STONECROFT BLVD.
City-State-Zip: CHANTILLY VA 20151

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: TRACY WARD**TREASURER****04/15/2017**

Electronic Signature of Signing Officer/Director Detail

Date