

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000005331

Entity Name: AVANGATE, INC.**Current Principal Place of Business:**ONE ALLIANCE CENTER, 3500 LENOX ROAD
SUITE 710
ATLANTA, GA 30326**Current Mailing Address:**ONE ALLIANCE CENTER, 3500 LENOX ROAD
SUITE 710
ATLANTA, GA 30326 US**FEI Number:** 26-0160456**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
Name HART, ALEX
Address ONE ALLIANCE CENTER, 3500 LENOX
 ROAD
City-State-Zip: ATLANTA GA 30326

Title TREASURER
Name VINES, JASON
Address ONE ALLIANCE CENTER, 3500 LENOX
 ROAD
 SUITE 710
City-State-Zip: ATLANTA GA 30326

Title DIRECTOR
Name ILSE, PAUL
Address 120 KNIGHTSRIDGE COURT
City-State-Zip: ATLANTA, GA 30350

Title DIRECTOR
Name MATTHEWS, DEVIN
Address 159 N. SANGAMON
 4TH FLOOR
City-State-Zip: CHICAGO IL 60607

Title SECRETARY
Name WASSENAAR, CHRISTOPHER
Address ONE ALLIANCE CENTER, 3500 LENOX
 ROAD
 SUITE 710
City-State-Zip: ATLANTA GA 30326

Title DIRECTOR
Name FUCHS, ZACHARY
Address 1 LETTERMAN DRIVE,
 BLDG C, SUITE 410
City-State-Zip: SAN FRANCISCO CA 94129

Title DIRECTOR
Name DIXON, DONALD R.
Address 400 S. EL CAMINO REAL,
 SUITE 300
City-State-Zip: SAN MATEO CA 94402

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: CHRISTOPHER WASSENAAR**SECRETARY****02/06/2019**

Electronic Signature of Signing Officer/Director Detail

Date