

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000003955

Entity Name: IDENTITY GUARD INC**Current Principal Place of Business:**3901 STONECROFT BLVD.
CHANTILLY, VA 20151**Current Mailing Address:**3901 STONECROFT BLVD.
CHANTILLY, VA 20151 US**FEI Number:** 54-1956515**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	CFO
Name	BARDEN, RONALD L.
Address	3901 STONECROFT BLVD.
City-State-Zip:	CHANTILLY VA 20151

Title	SECRETARY
Name	BERLIN, DUANE L.
Address	3901 STONECROFT BLVD.
City-State-Zip:	CHANTILLY VA 20151

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

Title	DIRECTOR
Name	CUNNEEN, BLAKE
Address	3901 STONECROFT BLVD.
City-State-Zip:	CHANTILLY VA 20151

Title	DIRECTOR, CEO
Name	RAVICHANDRAN, HARI
Address	3901 STONECROFT BLVD.
City-State-Zip:	CHANTILLY VA 20151

Title	DIRECTOR
Name	SAEED, HAMED
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

VICE PRESIDENT

03/20/2019

Electronic Signature of Signing Officer/Director Detail_____
Date