

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000001605

Entity Name: QOMPLX, INC.

**Current Principal Place of Business:**

1775 TYSONS BLVD.  
SUITE 800  
TYSONS, VA 22102

**FILED**  
**Feb 25, 2023**  
**Secretary of State**  
**6228506061CC**

**Current Mailing Address:**

1775 TYSONS BLVD.  
SUITE 800  
TYSONS, VA 22102 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT 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 CHASE, ARNOLD  
Address 1775 TYSONS BLVD.  
SUITE 800  
City-State-Zip: TYSONS VA 22102

Title DIRECTOR  
Name DAFFRON, STEPHEN  
Address 1775 TYSONS BLVD.  
SUITE 800  
City-State-Zip: TYSONS VA 22102

Title DIRECTOR  
Name FOLEY, WILLIAM P. II  
Address 1775 TYSONS BLVD.  
SUITE 800  
City-State-Zip: TYSONS VA 22102

Title SECRETARY  
Name CRABTREE, JASON  
Address 1775 TYSONS BLVD.  
SUITE 800  
City-State-Zip: TYSONS VA 22102

Title DIRECTOR  
Name CRABTREE, JASON  
Address 1775 TYSONS BLVD.  
SUITE 800  
City-State-Zip: TYSONS VA 22102

Title PRESIDENT/ CEO  
Name CRABTREE, JASON  
Address 1775 TYSONS BLVD.  
SUITE 800  
City-State-Zip: TYSONS VA 22102

Title TREASURER  
Name CRABTREE, JASON  
Address 1775 TYSONS BLVD.  
SUITE 800  
City-State-Zip: TYSONS VA 22102

Title DIRECTOR  
Name SELLERS, ANDREW  
Address 1775 TYSONS BLVD.  
SUITE 800  
City-State-Zip: TYSONS VA 22102

*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: JASON CRABTREE**

**PRESIDENT**

**02/25/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date