

2021 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
Apr 22, 2021
Secretary of State
8306578172CC

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

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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/ CEO

04/22/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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