

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002720

Entity Name: ICE DATA SERVICES, INC.**Current Principal Place of Business:**100 CHURCH STREET
11TH FLOOR
NEW YORK, NY 10007**Current Mailing Address:**100 CHURCH STREET
11TH FLOOR
NEW YORK, GA 10007 US**FEI Number:** 13-3668779**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED AGENT GROUP INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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	VP, DIRECTOR
Name	HILL, SCOTT A
Address	5660 NEW NORTHSIDE DR NW
City-State-Zip:	ATLANTA GA 30328

Title	DIRECTOR, PRESIDENT
Name	MARTIN , LYNN
Address	5660 NEW NORTHSIDE DRIVE
City-State-Zip:	ATLANTA GA 30328

Title	TREASURER
Name	HUNTER , MARTIN
Address	5660 NEW NORTHSIDE DRIVE
City-State-Zip:	ATLANTA GA 30328

Title	SECRETARY
Name	SPENCER , OCTAVIA
Address	5660 NEW NORTHSIDE DRIVE
City-State-Zip:	ATLANTA GA 30328

Title	COO
Name	WASSERSUG , MARK
Address	100 CHURCH STREET 11TH FLOOR
City-State-Zip:	NEW YORK NY 10007

Title	ASST. SECRETARY, DIRECTOR
Name	SURDYKOWSKI , ANDREW J.
Address	5660 NEW NORTHSIDE DRIVE
City-State-Zip:	ATLANTA GA 30328

Title	SENIOR DIRECTOR, REAL ESTATE & PROCUREMENT
Name	HUNT, RYAN
Address	100 CHURCH STREET 11TH FLOOR
City-State-Zip:	NEW YORK NY 10007

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: OCTAVIA SPENCER**SECRETARY, BY JON-
MICHAEL SANCHEZ,
ATTORNEY-IN-FACT****04/14/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

