2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006442

Entity Name: CARDNO GS, INC.

Current Principal Place of Business:

2496 OLD IVY ROAD SUITE 300

CHARLOTTESVILLE, VA 22903

2496 OLD IVY ROAD

Current Mailing Address:

2496 OLD IVY ROAD SUITE 300

CHARLOTTESVILLE, VA 22903 US

FEI Number: 54-1524820 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SETSER, DARRELL 11706 EXMOOR COURT JACKSONVILLE, FL 32256 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: DARRELL SETSER 01/29/2021

Electronic Signature of Registered Agent

Agent Date

FILED Jan 29, 2021

Secretary of State

1989035887CC

Officer/Director Detail:

Title DIRECTOR, PRESIDENT Title DIRECTOR

Name HALPERIN, WILLIAM C Name PHILLIPS, ROBERT L

Address 2496 OLD IVY ROAD Address 2737 FOUNTAINHEAD WAY SUITE 300

City-State-Zip: CHARLOTTESVILLE VA 22903

Title DIRECTOR

Title DIRECTOR Name VAN ANTWERP, ROBERT L

Name DICK, DANIEL M Address 112 COBBLESTONE COURT

Address 3188 WALLINGFORD LANE City-State-Zip: WEST END NC 27376

City-State-Zip: KESWICK VA 22947

Title VP
Title SECRETARY, TREASURER ... _ _ _

Name INSKEEP, MARCUS T

Address 2496 OLD IVY ROAD

Address 2496 OLD IVY ROAD SUITE 300

SUITE 300 City State Zing CHARLOS

City-State-Zip: CHARLOTTESVILLE VA 22903

Title VP

Name ALBEE, LEWIS R II

Address ALBEE ALBE

Address 2496 OLD IVY ROAD SUITE 300

SUITE 300

City-State-Zip: CHARLOTTESVILLE VA 22903

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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: MARCUS INSKEEP SECRETARY 01/29/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Name STUTZ, JULIA

10004 PARK MEADOWS DRIVE SUITE 300 Address

City-State-Zip: LONE TREE CO 80124