

1.) CORPORATION NAME:

IVANS, INC.

DUE DATE: **7/31/2011**

SCC ID NO: **F1714585**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000
PREFER	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5405 CYPRESS CTR DR

CITY/ST/ZIP: TAMPA, FL 33609-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: CLARE DENICOLA
TITLE: PRES/CEO
ADDRESS: 100 FIRST STAMFORD PL
CITY/ST/ZIP/CO: STAMFORD, CT 06902-

OFFICER

DIRECTOR

NAME: JEFFERY DOBISH
TITLE: SRVP/CFO
ADDRESS: 5405 CYPRESS CTR DR
CITY/ST/ZIP/CO: TAMPA, FL 33609-

OFFICER

DIRECTOR

NAME: DAVID B MERCLEAN
TITLE: DIRECTOR
ADDRESS: 100 FIRST STAMFORD PL 3RD FLOOR
CITY/ST/ZIP/CO: STAMFORD, CT 06902-

OFFICER

DIRECTOR

NAME: ROBERT S PAYNE
TITLE: DIRECTOR
ADDRESS: 100 FIRST STAMFORD RD 3RD FLOOR
CITY/ST/ZIP/CO: STAMFORD, CT 06902-

OFFICER

DIRECTOR

NAME: MARGARET O'HARA
TITLE: VICE PRESIDENT
ADDRESS: 100 FIRST STAMFORD PLACE
CITY/ST/ZIP/CO: STAMFORD, CT 06902-

OFFICER

DIRECTOR

NAME: JAMES W ENTRINGER TITLE: DIRECTOR ADDRESS: 100 FIRST STAMFORD PLACE CITY/ST/ZIP/CO: STAMFORD, CT 06902-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ROBERT C GOWDY TITLE: DIRECTOR ADDRESS: 100 FIRST STAMFORD PLACE CITY/ST/ZIP/CO: STAMFORD, CT 06902-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: GERALD L STANTON TITLE: DIRECTOR ADDRESS: 100 FIRST STAMFORD PLACE CITY/ST/ZIP/CO: STAMFORD, CT 06902-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JAN H SUWINSKI TITLE: DIRECTOR ADDRESS: 100 FIRST STAMFORD PLACE CITY/ST/ZIP/CO: STAMFORD, CT 06902-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JOAN LAMM-TENNANT TITLE: DIRECTOR ADDRESS: 100 FIRST STAMFORD PLACE CITY/ST/ZIP/CO: STAMFORD, CT 06902-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ROBERT B MORGAN TITLE: DIRECTOR ADDRESS: 100 FIRST STAMFORD PLACE CITY/ST/ZIP/CO: STAMFORD, CT 06902-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JEFFERY DOBISH	JEFFERY DOBISH, SRVP/CFO	6/1/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.