

1.) CORPORATION NAME:

**IVANS, INC.**

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1714585**

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.

<p>NAME: MARGARET O'HARA TITLE: VICE PRESIDENT ADDRESS: 225 HIGH RIDGE ROAD CITY/ST/ZIP/CO: STAMFORD, CT 06905</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JEFFREY DOBISH TITLE: PRESIDENT ADDRESS: 5405 CYPRESS CTR DR CITY/ST/ZIP/CO: TAMPA, FL 33609</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JAMES W ENTRINGER TITLE: DIRECTOR ADDRESS: 225 HIGH RIDGE ROAD CITY/ST/ZIP/CO: STAMFORD, CT 06905</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ROBERT C GOWDY TITLE: DIRECTOR ADDRESS: 225 HIGH RIDGE ROAD CITY/ST/ZIP/CO: STAMFORD, CT 06905</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOAN LAMM-TENNANT TITLE: DIRECTOR ADDRESS: 225 HIGH RIDGE ROAD CITY/ST/ZIP/CO: STAMFORD, CT 06905</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID B MERCLEAN TITLE: DIRECTOR ADDRESS: 225 HIGH RIDGE ROAD CITY/ST/ZIP/CO: STAMFORD, CT 06905</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME: ROBERT B MORGAN TITLE: DIRECTOR ADDRESS: 225 HIGH RIDGE ROAD CITY/ST/ZIP/CO: STAMFORD, CT 06905	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT S PAYNE TITLE: DIRECTOR ADDRESS: 225 HIGH RIDGE ROAD CITY/ST/ZIP/CO: STAMFORD, CT 06905	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GERALD L STANTON TITLE: DIRECTOR ADDRESS: 225 HIGH RIDGE ROAD CITY/ST/ZIP/CO: STAMFORD, CT 06905	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAN H SUWINSKI TITLE: DIRECTOR ADDRESS: 225 HIGH RIDGE ROAD CITY/ST/ZIP/CO: STAMFORD, CT 06905	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL SCHRAMM TITLE: PRESIDENT ADDRESS: 225 HIGH RIDGE ROAD CITY/ST/ZIP/CO: STAMFORD, CT 06905	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JAMIE OCHILTREE TITLE: PRESIDENT ADDRESS: 5405 CYPRESS CENTER DRIVE CITY/ST/ZIP/CO: TAMPA, FL 33609	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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/ JEFFREY DOBISH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEFFREY DOBISH, PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/14/2012 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.		