2019 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION



CORPORATION NAME
 Ascent International, Inc.

DUE DATE: 4/30/2019

CORPORATE ID.: F182329-5

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFICER.

JOHN ALEXANDER 11710 PLAZA AMERICA DR STE 2000 RESTON VA 20190

5. TOTAL NUMBER OF AUTHORIZED SHARES: 75,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

129 - FAIRFAX COUNTY

4. STATE OR COUNTRY OF INCORPORATION:

NV - NEVADA

Changes to items 1 through 5 above cannot be accomplished on this annual report form and will require a separate filing(s). Carefully read the enclosed instruction sheet. Visit our website at scc.virginia.gov/clk/formfee.aspx or contact the Clerk's Office. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

☐ Mark this box if address shown below is correct		If address is blank or incorrect, add or correct below.
ADDRESS:	11710 PLAZA AMERICA DRIVE STE 2000	ADDRESS:
CITY/ST/ZIP	RESTON VA 20190	CITY/ST/ZIP:
_		

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.

Mark appropriate box unless area below is blank: Information is correct Information is incorrect Delete information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: Correction Addition Replacement
OFFICER X DIRECTOR NAME: JOHN S. ALEXANDER, JR.	OFFICER DIRECTOR NAME:
TITLE: P/S/T	TITLE:
ADDRESS: 11710 PLAZA AMERICA DRIVE STE 2000	ADDRESS:
CITY/ST/ZIP: RESTON VA 20190	CITY/ST/ZIP:

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT JUHNS. AIEXANDER IN.

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29 July Zola

PRINTED NAME AND TITLE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for thing.

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2019 ANNUAL REPORT CONTINUED

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7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

An individual may be designated as both a director and an officer. If information at lower left is incorrect or blank, please mark appropriate box 4 Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☑ Delete Information and enter information below: Correction Addition Replacement NAME: JOHN S. ALEXANDER, JR. OFFICER DIRECTOR X NAME: HASAN I. MAKKI IBRAHIM TITLE: DIRECTOR TITLE: DIRECTOR ADDRESS: 11710 PLAZA AMERICA DEIVE CITY/ST/ZIP: STE 2000 ADDRESS: 11710 PLAZA AMERICA DRIVE **STE 2000** CITY/ST/ZIP: CITY/ST/ZIP: RESTON VA 20190 RESTON, VA 20190 Mark appropriate box unless area below is blank: If information at lower left is incorrect or blank, please mark appropriate box ☐ Information is correct ☐ Information is incorrect ☐ Delete Information and enter information below:
Correction
Addition
Replacement OFFICER | DIRECTOR | OFFICER DIRECTOR NAME: NAME: TITLE: TITLE: ADDRESS: ADDRESS: CITY/ST/ZIP: CITY/ST/ZIP: Mark appropriate box unless area below is blank: If information at lower left is incorrect or blank, please mark appropriate box ☐ Information is correct ☐ Information is incorrect ☐ Delete Information and enter information below:
Correction Addition Replacement OFFICER ☐ DIRECTOR ☐ OFFICER DIRECTOR NAME: NAME: TITLE: TITLE: ADDRESS: ADDRESS: CITY/ST/ZIP: CITY/ST/ZIP: Mark appropriate box unless area below is blank: If information at lower left is incorrect or blank, please mark appropriate box ☐ Information is correct ☐ Information is incorrect ☐ Delete Information and enter information below:
Correction Addition Replacement OFFICER DIRECTOR OFFICER DIRECTOR NAME: NAME: TITLE: TITLE: ADDRESS: ADDRESS: CITY/ST/ZIP: CITY/ST/ZIP: