

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001077

Entity Name: MOTT MACDONALD OPERATING SERVICES, LLC**Current Principal Place of Business:**111 WOOD AVENUE SOUTH
ISELIN, NJ 08830-4112**Current Mailing Address:**111 WOOD AVENUE SOUTH
ISELIN, NJ 08830-4112 US**FEI Number:** 22-3098501**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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**Authorized Person(s) Detail :**

Title	MGR
Name	DENICHILO, NICHOLAS M
Address	111 WOOD AVENUE SOUTH
City-State-Zip:	ISELIN NJ 08830-4112

Title	MGR
Name	HAIGH, MICHAEL
Address	111 WOOD AVENUE SOUTH
City-State-Zip:	ISELIN NJ 08830-4112

Title	MANAGER
Name	GALBRAITH, IAN M
Address	111 WOOD AVENUE SOUTH
City-State-Zip:	ISELIN NJ 08830-4112

Title	ASSISTANT SECRETARY
Name	O'CONNOR, MARK G.
Address	111 WOOD AVENUE SOUTH
City-State-Zip:	ISELIN NJ 08830

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK G. O'CONNOR**ASSISTANT SECRETARY** 04/23/2021_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date