

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 848433

Entity Name: STRUCTURAL GROUP, INC.

**Current Principal Place of Business:**

10150 OLD COLUMBIA ROAD  
COLUMBIA, MD 21046-1274

**Current Mailing Address:**

10150 OLD COLUMBIA ROAD  
COLUMBIA, MD 21046-1274 US

FEI Number: 52-1071818

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT, CHAIRMAN  
Name EMMONS, PETER H.  
Address 10150 OLD COLUMBIA ROAD  
City-State-Zip: COLUMBIA MD 21046-1274

Title DIRECTOR, VP, COO  
Name FANGIO, DANIEL C.  
Address 10150 OLD COLUMBIA ROAD  
City-State-Zip: COLUMBIA MD 21046-1274

Title DIRECTOR  
Name EMMONS, BRANDON W.  
Address 10150 OLD COLUMBIA ROAD  
City-State-Zip: COLUMBIA MD 21046-1274

Title SECRETARY  
Name HILL, RICHARD B.  
Address 10150 OLD COLUMBIA ROAD  
City-State-Zip: COLUMBIA MD 21046-1274

Title TREASURER  
Name ESPOSITO-MAYER, SHARON  
Address 10150 OLD COLUMBIA ROAD  
City-State-Zip: COLUMBIA MD 21046-1274

Title ASSISTANT SECRETARY  
Name LIPPERINI, ALFRED J.  
Address 10150 OLD COLUMBIA ROAD  
City-State-Zip: COLUMBIA MD 21046-1274

Title ASSISTANT SECRETARY  
Name DINGLE, MINDY N.  
Address 10150 OLD COLUMBIA ROAD  
City-State-Zip: COLUMBIA MD 21046-1274

Title ASSISTANT SECRETARY  
Name GREENHAUS, SCOTT M.  
Address 10150 OLD COLUMBIA ROAD  
City-State-Zip: COLUMBIA MD 21046-1274

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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: DOMONIQUE SAUNDERS, ON BEHALF OF PETER H AUTHORIZED  
EMMONS REPRESENTATIVE

03/04/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY  
Name HOLLAND, BRADLEY J.  
Address 925 TOLLGATE ROAD  
City-State-Zip: ELGIN IL 60123

Title ASSISTANT SECRETARY  
Name SZOKE, MICHAEL T.  
Address 1332 NORTH MILLER STREET  
City-State-Zip: ANAHEIM CA 92806