

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000005005

**FILED**  
**Apr 09, 2018**  
**Secretary of State**  
**CC7092351588**

**Entity Name:** AUTOMATED LOGIC CONTRACTING SERVICES, INC.

**Current Principal Place of Business:**

5900 NORTHWOOD BUSINESS PARKWAY, SUITE B  
CHARLOTTE, NC 28269

**Current Mailing Address:**

5900 NORTHWOOD BUSINESS PARKWAY, SUITE B  
CHARLOTTE, NC 28269 US

**FEI Number: 82-0540614**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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 ASSISTANT SECRETARY  
Name QUERCIA, ANDREA M.  
Address 5900 NORTHWOOD BUSINESS PARKWAY, SUITE B  
City-State-Zip: CHARLOTTE NC 28269

Title DIRECTOR  
Name PADIYAR, GANESH  
Address 5900 NORTHWOOD BUSINESS PARKWAY, SUITE B  
City-State-Zip: CHARLOTTE NC 28269

Title DIRECTOR  
Name HUNSTON, WALTER JAY III  
Address 5900 NORTHWOOD BUSINESS PARKWAY, SUITE B  
City-State-Zip: CHARLOTTE NC 28269

Title DIRECTOR  
Name PHILLIPS, LESLIE  
Address 5900 NORTHWOOD BUSINESS PARKWAY, SUITE B  
City-State-Zip: CHARLOTTE NC 28269

Title TREASURER  
Name PADIYAR, GANESH  
Address 5900 NORTHWOOD BUSINESS PARKWAY, SUITE B  
City-State-Zip: CHARLOTTE NC 28269

Title SECRETARY  
Name HUNSTON, WALTER JAY III  
Address 5900 NORTHWOOD BUSINESS PARKWAY, SUITE B  
City-State-Zip: CHARLOTTE NC 28269

Title PRESIDENT  
Name PHILLIPS, LESLIE  
Address 5900 NORTHWOOD BUSINESS PARKWAY, SUITE B  
City-State-Zip: CHARLOTTE NC 28269

*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: ANDREA M. QUERCIA**

**ASSISTANT SECRETARY 04/09/2018**

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

\_\_\_\_\_  
Date