

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000003743

**Entity Name:** METROPOLITAN MECHANICAL CONTRACTORS, INC.

**FILED**  
**Apr 06, 2019**  
**Secretary of State**  
**3597840447CC**

**Current Principal Place of Business:**

1100 OLD HWY 8 NW  
NEW BRIGHTON, MN 55112

**Current Mailing Address:**

1100 OLD HWY 8 NW  
NEW BRIGHTON, MN 55112 US

**FEI Number: 20-0832303**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
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/CHAIRMAN OF THE BOARD  
Name ANDERSON, LEE R. SR.  
Address 1100 OLD HWY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

Title DIRECTOR  
Name BECKER, RUSSELL A.  
Address 1100 OLD HWY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

Title CEO  
Name ANDERSON, MARK  
Address 1100 OLD HWY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

Title ASSISTANT SECRETARY  
Name HATFIELD, SCOTT  
Address 1100 OLD HWY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

Title CHIEF FINANCIAL OFFICER/TREASURER/SECRETARY  
Name LYDON, THOMAS A.  
Address 1100 OLD HWY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

Title EXECUTIVE VICE PRESIDENT  
Name NELSON, CHAD  
Address 1100 OLD HWY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

Title ASSISTANT SECRETARY  
Name POLOVITZ, MARK  
Address 1100 OLD HWY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

Title PRESIDENT  
Name SCHULTES, KRISTIN  
Address 1100 OLD HWY 8 NW  
City-State-Zip: NEW BRIGHTON MN 55112

*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: SCOTT HATFIELD**

**ASSISTANT SECRETARY 04/06/2019**

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

\_\_\_\_\_  
Date