

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000001900

**Entity Name:** GREENMAN-PEDERSEN, INC.

**Current Principal Place of Business:**

325 W. MAIN STREET  
BABYLON, NY 11702

**Current Mailing Address:**

325 W. MAIN STREET  
BABYLON, NY 11702

**FEI Number: 11-2537074**

**Certificate of Status Desired: Yes**

**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

**Officer/Director Detail :**

Title CHRM  
Name GREENMAN, STEVEN B  
Address 325 W. MAIN STREET  
City-State-Zip: BABYLON NY 11702

Title PRESIDENT  
Name CSOGI, RALPH  
Address 325 W. MAIN STREET  
City-State-Zip: BABYLON NY 11702

Title V  
Name BUONCORE, MICHAEL J  
Address 325 W. MAIN STREET  
City-State-Zip: BABYLON NY 11702

Title VP  
Name SALATTI, MICHAEL  
Address 325 W. MAIN STREET  
City-State-Zip: BABYLON NY 11702

Title SRVP  
Name FORTE, PAUL J  
Address 1000 N ASHLEY DRIVE  
SUITE 100  
City-State-Zip: TAMPA FL 33602

Title SRVP  
Name RUPERT, ROBERT  
Address 1010 E ADAMS ST  
SUITE 106  
City-State-Zip: JACKSONVILLE FL 32202

Title SRVP  
Name BUCKLEW, SANDRA  
Address 1590 VILLAGE SQUARE BLVD  
City-State-Zip: TALLAHASSEE FL 32309

Title VP  
Name HARVEY, ALTON L JR.  
Address 1000 N ASHLEY DRIVE  
SUITE 100  
City-State-Zip: TAMPA FL 33602

**Continues on page 2**

*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: RALPH CSOGI**

**PRESIDENT**

**04/10/2016**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name REA, FRANK D  
Address 1000 N ASHLEY DRIVE  
SUITE 100  
City-State-Zip: TAMPA FL 33602

Title VP  
Name TITTERINGTON, ROBERT L  
Address 328 NE 1ST AVE SUITE 200  
City-State-Zip: OCALA FL 34470

Title AVP  
Name BLAIR, JAMES H.  
Address 328 NE 1ST AVE SUITE 200  
City-State-Zip: OCALA FL 34474

Title AVP  
Name JUSTICE, TRAVIS  
Address 1590 VILLAGE SQUARE BLVD  
City-State-Zip: TALLAHASSEE FL 32309

Title VP  
Name SCHMUTZ, DAN  
Address 423 S KELLER ROAD  
SUITE 300  
City-State-Zip: ORLANDO FL 32810

Title AVP  
Name DEITCHE, SCOTT M  
Address 1000 N ASHLEY DRIVE  
SUITE 100  
City-State-Zip: TAMPA FL 33602

Title AVP  
Name LEWIS, JAMES MICHAEL  
Address 1590 VILLAGE SQUARE BLVD  
City-State-Zip: TALLAHASSEE FL 32309