

2018 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 EXECUTIVE VICE PRESIDENT
Name BUONCORE, MICHAEL J
Address 325 W. MAIN STREET
City-State-Zip: BABYLON NY 11702

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

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

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

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

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

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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: RALPH CSOGI

PRESIDENT

01/16/2018

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

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

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

Title AVP
Name BUWALDA, DONALD
Address 1010 E. ADAMS STREET
SUITE 106
City-State-Zip: JACKSONVILLE FL 32202

Title AVP
Name MOBLEY, SHANNON
Address 1010 E. ADAMS STREET
SUITE 106
City-State-Zip: JACKSONVILLE FL 32202

Title AVP
Name WEBER, DANIEL
Address 1010 E. ADAMS STREET
SUITE 106
City-State-Zip: JACKSONVILLE FL 32202

Title AVP / PROFESSIONAL SURVEYOR
Name PETERS, HAROLD
Address 1000 NORTH 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

Title VP
Name CROWE, JOHN
Address 1000 NORTH ASHLEY DRIVE
SUITE 100
City-State-Zip: TAMPA FL 33602

Title AVP
Name CICCARELLI, JESSICA R.
Address 1000 NORTH ASHLEY DRIVE
SUITE 100
City-State-Zip: TAMPA FL 33602

Title AVP
Name URCHUK, JR., ALEX
Address 1 DAYTONA BOULEVARD
SUITE 220
City-State-Zip: DAYTONA BEACH FL 32114

Title AVP
Name MENENDEZ, ROGELIO
Address 1000 N ASHLEY DRIVE
SUITE 100
City-State-Zip: TAMPA FL 33602