

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002526

**Entity Name:** ALBRIDGE SOLUTIONS, INC.

**Current Principal Place of Business:**

1009 LENOX DRIVE, BUILDING 4  
SUITE 204  
LAWRENCEVILLE, NJ 08648

**Current Mailing Address:**

1009 LENOX DRIVE, BUILDING 4  
SUITE 204  
LAWRENCEVILLE, NJ 08648 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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 TREASURER - TAX  
Name ORLOSKI, CLAUDINE  
Address BNY MELLON CENTER  
ROOM 3210  
City-State-Zip: PITTSBURGH PA 15258

Title DIRECTOR  
Name BUTLER, MARC  
Address 1009 LENOX DRIVE, BUILDING 4  
SUITE 204  
City-State-Zip: LAWRENCEVILLE NJ 08648

Title DIRECTOR  
Name KRISHNAN, GAYATRI  
Address 1009 LENOX DRIVE, BUILDING 4  
SUITE 204  
City-State-Zip: LAWRENCEVILLE NJ 08648

Title DIRECTOR  
Name GRANITO, CHARLES  
Address 1009 LENOX DRIVE, BUILDING 4  
SUITE 204  
City-State-Zip: LAWRENCEVILLE NJ 08648

Title DIRECTOR  
Name MULLER, CHRISTOPHER  
Address 1009 LENOX DRIVE, BUILDING 4  
SUITE 204  
City-State-Zip: LAWRENCEVILLE NJ 08648

Title DIRECTOR  
Name CROWLEY, JAMES  
Address 1009 LENOX DRIVE, BUILDING 4  
SUITE 204  
City-State-Zip: LAWRENCEVILLE NJ 08648

Title DIRECTOR  
Name DOLLY, LISA A.  
Address 1009 LENOX DRIVE, BUILDING 4  
SUITE 204  
City-State-Zip: LAWRENCEVILLE NJ 08648

Title DIRECTOR  
Name NAGAPPAN, RAMASWAMY  
Address 1009 LENOX DRIVE, BUILDING 4  
SUITE 204  
City-State-Zip: LAWRENCEVILLE NJ 08648

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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:** CLAUDINE ORLOSKI

**ASSISTANT TREASURER - 04/05/2019  
TAX**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HOPKINS, DAVID R.  
Address 1009 LENOX DRIVE, BUILDING 4  
SUITE 204  
City-State-Zip: LAWRENCEVILLE NJ 08648

Title TREASURER  
Name KLUBECK, IRVING  
Address 1009 LENOX DRIVE, BUILDING 4  
SUITE 204  
City-State-Zip: LAWRENCEVILLE NJ 08648

Title SECRETARY  
Name BRENNAN, AMY E.  
Address 1009 LENOX DRIVE, BUILDING 4  
SUITE 204  
City-State-Zip: LAWRENCEVILLE NJ 08648

Title VP  
Name SKUTCHES, LAURICE  
Address 1009 LENOX DRIVE, BUILDING 4  
SUITE 204  
City-State-Zip: LAWRENCEVILLE NJ 08648