

**2022 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            PRESIDENT  
Name            CIRROTTI, ROBERT F.  
Address        1009 LENOX DRIVE, BUILDING 4  
                 SUITE 204  
City-State-Zip: LAWRENCEVILLE NJ 08648

Title            DIRECTOR  
Name            CIRROTTI, ROBERT F.  
Address        1009 LENOX DRIVE, BUILDING 4  
                 SUITE 204  
City-State-Zip: LAWRENCEVILLE NJ 08648

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

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

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

*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: AMY E. BRENNAN****SECRETARY****04/07/2022**

Electronic Signature of Signing Officer/Director Detail

Date