

2020 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

FILED
May 24, 2020
Secretary of State
4640406435CC

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

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

Title MANAGING DIRECTOR
Name SHOLES, THOMAS P.
Address 1009 LENOX DRIVE, BUILDING 4
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Title DIRECTOR
Name HOPKINS, DAVID R.
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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

ASST. TREASURER- TAX 05/24/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title ASST. TREASURER- TAX
Name ORLOSKI, CLAUDINE
Address 1009 LENOX DRIVE, BUILDING 4
SUITE 204
City-State-Zip: LAWRENCEVILLE NJ 08648

Title ASST. TREASURER- TAX
Name PETERSON, KEVIN D.
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 ASST. TREASURER- TAX
Name DOUMAR, CHARLES C.
Address 1009 LENOX DRIVE, BUILDING 4
SUITE 204
City-State-Zip: LAWRENCEVILLE NJ 08648

Title ASST. SECRETARY
Name RICE, CRISTINA M.
Address 1009 LENOX DRIVE, BUILDING 4
SUITE 204
City-State-Zip: LAWRENCEVILLE NJ 08648