

2017 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
Apr 05, 2017
Secretary of State
CC2116723944

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 DIRECTOR, PRESIDENT
Name BRETT, JOHN J.
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 TREASURER
Name BOTT, PAUL T.
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

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 YIP, PATRICK
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 - 04/05/2017
TAX**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

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

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

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