

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000005153

**Entity Name:** MOTT MACDONALD GROUP, INC.

**Current Principal Place of Business:**

111 WOOD AVENUE SOUTH  
ISELIN, NJ 08830-4112

**Current Mailing Address:**

111 WOOD AVENUE SOUTH  
ISELIN, NJ 08830-4112

**FEI Number:** 22-3789761

**Certificate of Status Desired:** No

**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            PRESIDENT, CEO, DIRECTOR  
Name            ISOLA, MICHAEL C  
Address        111 WOOD AVENUE SOUTH  
City-State-Zip: ISELIN NJ 08830-4112

Title            ASST. SECRETARY  
Name            WILLIAMS, ANTHONY S  
Address        111 WOOD AVENUE SOUTH  
City-State-Zip: ISELIN NJ 08830-4112

Title            TREASURER  
Name            VELASQUEZ, J CRAIG  
Address        SUITE 275 12647 ALCOSTA  
                  BOULEVARD  
City-State-Zip: SAN RAMON CA 94583

Title            DIRECTOR  
Name            HARRIS, JAMES H. K  
Address        10 FLEET PLACE  
City-State-Zip: LONDON EC4M 7RB

Title            DIRECTOR  
Name            GALBRAITH, IAN M  
Address        111 WOOD AVENUE SOUTH  
City-State-Zip: ISELIN NJ 08830-4112

Title            DIRECTOR  
Name            WHITE, DAVID P  
Address        SUITE 271 12647 ALCOSTA  
                  BOULEVARD  
City-State-Zip: SAN RAMON CA 94583

Title            DIRECTOR  
Name            ROUD, EDWIN  
Address        10 FLEET PLACE  
City-State-Zip: LONDON GB EC4M 7RB

Title            DIRECTOR  
Name            TRAVERS, CATHY  
Address        111 WOOD AVENUE SOUTH  
City-State-Zip: ISELIN NJ 08830-4112

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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:** MICHAEL C. ISOLA

**PRESIDENT**

**04/23/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            GENNARO, MICHAEL M  
Address        111 WOOD AVENUE SOUTH  
City-State-Zip: ISELIN NJ 08830-4112