

**2017 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 PCEO, DIRECTOR  
Name DENICHILO, NICHOLAS M  
Address 111 WOOD AVENUE SOUTH  
City-State-Zip: ISELIN NJ 08830-4112

Title EVPS, DIRECTOR  
Name WHITE, DAVID P  
Address 111 WOOD AVENUE SOUTH  
City-State-Zip: ISELIN NJ 08830-4112

Title T  
Name HILLA, JEFFREY T  
Address 111 WOOD AVENUE SOUTH  
City-State-Zip: ISELIN NJ 08830-4112

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

Title DIRECTOR  
Name HOWELLS, KEITH J.  
Address 111 WOOD AVENUE SOUTH  
City-State-Zip: ISELIN NJ 08830-4112

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

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

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

**Continues on page 2**

*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:** DAVID P. WHITE

**AUTHORIZED  
REPRESENTATIVE**

**04/27/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BENINATO, ALBERT N.  
Address        111 WOOD AVENUE SOUTH  
City-State-Zip: ISELIN NJ 08830-4112