

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000003350

Entity Name: NITSCH ENGINEERING, INC.**Current Principal Place of Business:**2 CENTER PLAZA
SUITE 430
BOSTON, MA 02108**Current Mailing Address:**2 CENTER PLAZA
SUITE 430
BOSTON, MA 02108 US**FEI Number:** 04-3063185**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 CHAIRMAN, PRESIDENT
Name BROTHERS, LISA A
Address 2 CENTER PLAZA, SUITE 430
City-State-Zip: BOSTON MA 02108

Title D/VP/T/AS
Name TAYLOR, DEIRDRA A
Address 2 CENTER PLAZA, SUITE 430
City-State-Zip: BOSTON MA 02108

Title DIRECTOR, VP
Name DANIK, DEBORAH
Address 2 CENTER PLAZA, SUITE 430
City-State-Zip: BOSTON MA 02108

Title VP
Name PEASE, GARY F
Address 2 CENTER PLAZA, SUITE 430
City-State-Zip: BOSTON MA 02108

Title VP
Name HUSSEINI, FAYSSAL
Address 2 CENTER PLAZA, SUITE 430
City-State-Zip: BOSTON MA 02108

Title D/VP
Name GALLAGHER, AARON
Address 2 CENTER PLAZA
SUITE 430
City-State-Zip: BOSTON MA 02108

Title VP
Name ELSAKKA, EMAD
Address 2 CENTER PLAZA
SUITE 430
City-State-Zip: BOSTON MA 02108

Title VP
Name BROCK, SANDRA A
Address 2 CENTER PLAZA
SUITE 430
City-State-Zip: BOSTON MA 02108

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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: DEIRDRA A. TAYLOR**TREASURER****04/26/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name SCHMID, JOHN
Address 2 CENTER PLAZA
SUITE 430
City-State-Zip: BOSTON MA 02108

Title ASSISTANT SECRETARY
Name DOLAN, LISA
Address 2 CENTER PLAZA
SUITE 430
City-State-Zip: BOSTON MA 02108

Title DIRECTOR
Name REPETTO, ANDRES E.
Address 2 CENTER PLAZA
SUITE 430
City-State-Zip: BOSTON MA 02108

Title DIRECTOR
Name SEGUIN, JENNIFER
Address 2 CENTER PLAZA
SUITE 430
City-State-Zip: BOSTON MA 02108

Title S
Name ROMERO, ROSA
Address 2 CENTER PLAZA
SUITE 430
City-State-Zip: BOSTON MA 02108

Title ASSISTANT TREASURER, VP
Name ABRAMO, DAVID
Address 2 CENTER PLAZA
SUITE 430
City-State-Zip: BOSTON MA 02108

Title VP
Name SEGUIN, DENIS R.
Address 2 CENTER PLAZA
SUITE 430
City-State-Zip: BOSTON MA 02108

Title DIRECTOR, VP
Name FARR, STEPHEN D.
Address 2 CENTER PLAZA
SUITE 430
City-State-Zip: BOSTON MA 02108