

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002526

Entity Name: ALBRIDGE SOLUTIONS, INC.

FILED  
Jul 11, 2012  
Secretary of State

## Current Principal Place of Business:

1009 LENOX DR, BUILDING 4, SUITE 204  
LAWRENCEVILLE, NJ 08648

## New Principal Place of Business:

1009 LENOX DR, BUILDING 4, SUITE 204  
LAWRENCEVILLE, NJ 08648 US

## Current Mailing Address:

1009 LENOX DR, BUILDING 4, SUITE 204  
LAWRENCEVILLE, NJ 08648

## New Mailing Address:

BNY MELLON CENTER  
500 GRANT STREET, ROOM 3210  
PITTSBURGH, PA 15258 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: PD  
Name: PACHOLSKI, GREGORY G PD  
Address: 1009 LENOX DR, BUILDING 4, SUITE 204  
City-St-Zip: LAWRENCEVILLE, NJ 08648 US

Title: TREA  
Name: GIZZI, EMIL TREA  
Address: 1009 LENOX DR, BUILDING 4, SUITE 204  
City-St-Zip: LAWRENCEVILLE, NJ 08648 US

Title: SEC  
Name: STONE, DIANNA A SEC  
Address: 1009 LENOX DR, BUILDING 4, SUITE 204  
City-St-Zip: LAWRENCEVILLE, NJ 08648 US

Title: DIR  
Name: KUMAR, SURESH DIR  
Address: 1009 LENOX DR, BUILDING 4, SUITE 204  
City-St-Zip: LAWRENCEVILLE, NJ 08648 US

Title: DIR  
Name: SHOLES, THOMAS P DIR  
Address: 1009 LENOX DR, BUILDING 4, SUITE 204  
City-St-Zip: LAWRENCEVILLE, NJ 08648 US

Title: DIR  
Name: CORR, JAMES DIR  
Address: 1009 LENOX DR, BUILDING 4, SUITE 204  
City-St-Zip: LAWRENCEVILLE, NJ 08648 US

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: KELLY LETTMANN

POA

07/11/2012

Electronic Signature of Signing Officer or Director

Date