

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000056617

**FILED**  
**Jan 16, 2014**  
**Secretary of State**  
**CC8659393735**

**Entity Name:** CORESLAB STRUCTURES (TAMPA) INC.

**Current Principal Place of Business:**

6301 N. 56TH ST.  
TAMPA, FL 33610

**Current Mailing Address:**

6301 N. 56TH ST.  
TAMPA, FL 33610 US

**FEI Number:** 59-3199150

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 D  
Name FRANCIOSA, FRANK  
Address 332 JONES RD. UNIT 1  
City-State-Zip: STONEY CREEK ONTARIO CANADA  
L8E-5N2

Title D  
Name FRANCIOSA, MARIO  
Address 332 JONES RD. UNIT 1  
City-State-Zip: STONEY CREEK ONTARIO CANADA  
L8E-5N2

Title D  
Name FRANCIOSA, DOMINIC  
Address 332 JONES RD. UNIT 1  
City-State-Zip: STONEY CREEK ONTARIO CANADA  
L8E-5N2

Title D  
Name SPIEGEL, SIDNEY  
Address 332 JONES RD. UNIT 1  
City-State-Zip: STONEY CREEK ONTARIO CANADA  
L8E-5N2

Title D  
Name SPIEGEL, ROBERT  
Address 332 JONES RD. UNIT 1  
City-State-Zip: STONEY CREEK ONTARIO CANADA  
L8E-5N2

Title O  
Name QUINLAN, MICHAEL  
Address 6301 N. 56TH ST.  
City-State-Zip: TAMPA FL 33610

*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 QUINLAN

**V/P-GENERAL MANAGER 01/16/2014**

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

\_\_\_\_\_  
Date