

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000003169

Entity Name: STRUCTURAL TECHNOLOGIES STRONGPOINT, LLC**Current Principal Place of Business:**10150 OLD COLUMBIA ROAD
COLUMBIA, MD 21046-1274**Current Mailing Address:**10150 OLD COLUMBIA ROAD
COLUMBIA, MD 21046-1274 US**FEI Number: 27-1076727****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NRAI SERVICES, INC
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

Authorized Person(s) Detail :

Title MEMBER
Name SGI HOLDINGS LLC
Address 10150 OLD COLUMBIA ROAD
City-State-Zip: COLUMBIA MD 21046-1274

Title PRESIDENT
Name GREENHAUS, SCOTT M.
Address 10150 OLD COLUMBIA ROAD
City-State-Zip: COLUMBIA MD 21046-1274

Title VP
Name COSTA, JORGE
Address 2001 BLOUNT ROAD
City-State-Zip: POMPANO BEACH FL 33069

Title SECRETARY
Name YERUBANDI, JAYA KRISHNA KEERTHI
Address 10150 OLD COLUMBIA ROAD
City-State-Zip: COLUMBIA MD 21046-1274

Title TREASURER
Name FANGIO, DANIEL C.
Address 10150 OLD COLUMBIA ROAD
City-State-Zip: COLUMBIA MD 21046-1274

Title VP
Name ALKHRDAJI, TAREK
Address 10150 OLD COLUMBIA ROAD
City-State-Zip: COLUMBIA MD 21046-1274

Title ASST. SECRETARY
Name DINGLE, MINDY
Address 10150 OLD COLUMBIA ROAD
City-State-Zip: COLUMBIA MD 21046-1274

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT M GREENHAUS**EXECUTIVE VICE
PRESIDENT****03/02/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date