

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000001550

**Entity Name:** ENGINEERING SYSTEMS INC.

**Current Principal Place of Business:**

4215 CAMPUS DRIVE  
AURORA, IL 60504

**FILED**  
**Apr 13, 2020**  
**Secretary of State**  
**6181975940CC**

**Current Mailing Address:**

4215 CAMPUS DRIVE  
AURORA, IL 60504

**FEI Number: 36-3541589**

**Certificate of Status Desired: No**

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
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 DIRECTOR  
Name WINN, ROBERT C  
Address 4775 CENTENNIAL BLVD  
SUITE 106  
City-State-Zip: COLORADO SPRINGS CO 80919

Title TREASURER & CFO  
Name KORTH, JAKE  
Address 4215 CAMPUS DRIVE  
City-State-Zip: AURORA IL 60504

Title CHAIRMAN / CEO, DIRECTOR  
Name STEVENSON, MICHAEL E  
Address 6230 REGENCY PARKWAY  
City-State-Zip: NORCROSS GA 30071

Title VP, DIRECTOR  
Name KNOX, ERICK H  
Address 4215 CAMPUS DRIVE  
City-State-Zip: AURORA IL 60504

Title DIRECTOR  
Name BREEN, KEVIN C.  
Address 12750 COMMONWEALTH DR  
City-State-Zip: FORT MYERS FL 33913

Title DIRECTOR  
Name HOLMES, BRUCE J.  
Address C/O HOLMES CONSULTING LLC  
205 SKIMINO LANDING DR  
City-State-Zip: WILLIAMSBURG VA 23188-2251

Title DIRECTOR  
Name SCHARF, RICHARD D.  
Address SCHARF & ASSOCIATES, LLC  
11320 BIG CANOE  
City-State-Zip: JASPER GA 30143

Title DIRECTOR  
Name VALENTINO, ANTHONY R.  
Address 4215 CAMPUS DRIVE  
City-State-Zip: AURORA IL 60464

**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: BRIGID LOFTUS**

**SECRETARY**

**04/13/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT & COO  
Name            PINKSTON, WILL R.  
Address        6230 REGENCY PARKWAY  
City-State-Zip: NORCROSS GA 30071

Title            DIRECTOR  
Name            SPRAGUE, JAMES K.  
Address        1174 OAK VALLEY DRIVE  
City-State-Zip: ANN ARBOR MI 48108

Title            DIRECTOR  
Name            PLICHTA, ROBERT A.  
Address        4215 CAMPUS DRIVE  
City-State-Zip: AURORA IL 60504

Title            SECRETARY  
Name            LOFTUS, BRIGID  
Address        6230 REGENCY PARKWAY  
City-State-Zip: NORCROSS GA 30071