## 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001550

Entity Name: ENGINEERING SYSTEMS INC.

**Current Principal Place of Business:** 

4215 CAMPUS DRIVE AURORA, IL 60504

**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:

NATIONAL CORPORATE RESEARCH, LTD., 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

FILED Apr 20, 2016

Secretary of State

CC8098421197

Officer/Director Detail:

Title CHAIRMAN, DIRECTOR Title TREASURER & CFO Name WINN, ROBERT C Name SCHROEDER, SUSAN K Address 4775 CENTENNIAL BLVD., SUITE 106 Address 4215 CAMPUS DRIVE City-State-Zip: AURORA IL 60504 City-State-Zip: COLORADO SPRINGS CO 80919

Title SECRETARY Title PRESIDENT & CEO

NameTABOADA, LINDA LNameSTEVENSON, MICHAEL EAddress6230 REGENCY PARKWAYAddress6230 REGENCY PARKWAYCity-State-Zip:NORCROSS GA 30071City-State-Zip:NORCROSS GA 30071

Title VP, DIRECTOR Title DIRECTOR

Name KNOX, ERICK H Name BREEN, KEVIN C.

Address 4215 CAMPUS DRIVE Address 12750 COMMONWEALTH DR

City-State-Zip: AURORA IL 60504 City-State-Zip: FORT MYERS FL 33913

Title DIRECTOR Title DIRECTOR

Name HOLMES, BRUCE J. Name SCHARF, RICHARD D.

Address C/O HOLMES CONSULTING LLC Address SCHARF & ASSOCIATES, LLC

205 SKIMINO LANDING DR 11320 BIG CANOE

City-State-Zip: WILLIAMSBURG VA 23188-2251 City-State-Zip: JASPER GA 30143

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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: LINDA L. TABOADA SECRETARY 04/20/2016

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

NameSTEVENSON, MICHAEL E.NameVALENTINO, ANTHONY R.Address6230 REGENCY PARKWAYAddress4215 CAMPUS DRIVECity-State-Zip:NORCROSS GA 30071City-State-Zip:AURORA IL 60464

Title GENERAL COUNSEL & COO Title DIRECTOR

NamePINKSTON, WILL R.NamePLICHTA, ROBERT A.Address6230 REGENCY PARKWAYAddress4215 CAMPUS DRIVE

City-State-Zip: NORCROSS GA 30071 City-State-Zip: AURORA IL 60504

Title DIRECTOR Title DIRECTOR

NameSPRAGUE, JAMES K.NameCLAXTON, RAYMOND J.Address1174 OAK VALLEY DRIVEAddress10338 MILLER ROADCity-State-Zip:ANN ARBOR MI 48108City-State-Zip:DALLAS TX 75238