

2021 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 US

FEI Number: 36-3541589

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 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 1375 HASTINGS
City-State-Zip: NAPERVILLE IL 60563

Title DIRECTOR
Name BREEN, KEVIN C.
Address 4215 CAMPUS DRIVE
City-State-Zip: AURORA IL 60504

Title DIRECTOR
Name SCHARF, RICHARD D.
Address 4215 CAMPUS DRIVE
City-State-Zip: AURORA IL 60504

Title PRESIDENT & COO
Name PINKSTON, WILL R.
Address 430 TECHNOLOGY PARKWAY
City-State-Zip: NORCROSS GA 30092

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

Title SECRETARY
Name LOFTUS, BRIGID
Address 430 TECHNOLOGY PARKWAY
City-State-Zip: NORCROSS GA 30092

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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: BRIGID G. LOFTUS

SECRETARY

04/17/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FISCHER, CHAD R.
Address 4215 CAMPUS DRIVE
City-State-Zip: AURORA IL 60504

Title DIRECTOR
Name KENNER, MATTHEW T.
Address 4215 CAMPUS DRIVE
City-State-Zip: AURORA IL 60504

Title DIRECTOR
Name IWAND, HANS C.
Address 4215 CAMPUS DRIVE
City-State-Zip: AURORA IL 60504

Title DIRECTOR
Name SCHROEDER, SUSAN K.
Address 4215 CAMPUS DRIVE
City-State-Zip: AURORA IL 60504