

**2022 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 25, 2022**  
**Secretary of State**  
**7328735067CC**

**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, VP  
Name           KORTH, JAKE  
Address        4215 CAMPUS DRIVE  
City-State-Zip: AURORA IL 60504

Title           DIRECTOR  
Name           KNOX, ERICK H  
Address        1375 HASTINGS  
City-State-Zip: NAPERVILLE IL 60563

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

Title           DIRECTOR  
Name           FISCHER, CHAD R.  
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

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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**

**04/25/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name SPRAGUE, JAMES  
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

Title DIRECTOR  
Name CRANE, THOMAS  
Address 4215 CAMPUS DRIVE  
City-State-Zip: AURORA IL 60504