

**2015 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.  
155 OFFICE PLAZA DRIVE  
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 CHAIRMAN, DIRECTOR  
Name WINN, ROBERT C  
Address 4775 CENTENNIAL BLVD., SUITE 106  
City-State-Zip: COLORADO SPRINGS CO 80919

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

Title SECRETARY  
Name TABOADA, LINDA L  
Address 6230 REGENCY PARKWAY  
City-State-Zip: NORCROSS GA 30071

Title PRESIDENT & CEO  
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 2924 VALENCIA WAY  
City-State-Zip: FT. MYERS BEACH FL 33901

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

Title DIRECTOR  
Name SCHARF, RICHARD D.  
Address 128 WOODPECKER WAY  
City-State-Zip: JASPER GA 30143

**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: LINDA L. TABOADA**

**SECRETARY**

**02/09/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name STEVENSON, MICHAEL E.  
Address 5581 WOODSONG DR  
City-State-Zip: DUNWOODY GA 30338

Title DIRECTOR  
Name WILLIAMS, JAMES C  
Address 7711 CHARLOTTE HULL COURT  
City-State-Zip: NEW ALBANY OH 43054

Title DIRECTOR  
Name WINN, DR. ROBERT C.  
Address 3835 CAMELS VIEW  
City-State-Zip: COLORADO SPRINGS CO 80904

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

Title DIRECTOR  
Name VALENTINO, ANTHONY R.  
Address 209 TIMBER EDGE LANE  
City-State-Zip: PALOS PARK IL 60464

Title DIRECTOR  
Name CLAXTON, DR. RAYMOND J.  
Address 7131 GREENTRE LANE  
City-State-Zip: DALLAS TX 75214

Title VP, GENERAL COUNSEL  
Name PINKSTON, WILL R.  
Address 6230 REGENCY PARKWAY  
City-State-Zip: NORCROSS GA 30071