

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000005291

**Entity Name:** GHD SERVICES INC.**Current Principal Place of Business:**2055 NIAGARA FALLS BLVD  
SUITE #3  
NIAGARA FALLS, NY 14304**Current Mailing Address:**2055 NIAGARA FALLS BLVD  
SUITE #3  
NIAGARA FALLS, NY 14304**FEI Number:** 16-1229774**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 EXECUTIVE VICE-PRESIDENT  
Name GIANNOPOULOS, JIM  
Address 455 PHILLIP STREET  
City-State-Zip: WATERLOO N2L 3X2

Title VP  
Name ALBERDI, ANDRES F.  
Address 5904 HAMPTON OAKS PARKWAY  
SUITE F  
City-State-Zip: TAMPA FL 33610

Title VP  
Name BAUMAN, WAYNE G.  
Address 4141 DAVIS CREEK COURT  
City-State-Zip: KALAMAZOO MI 49001

Title VP  
Name MOORE, BRIAN A.  
Address 4019 EAST FOWLER AVENUE  
City-State-Zip: TAMPA FL 33617

Title ASST. SECRETARY  
Name RAY, LINDSAY  
Address 455 PHILLIP STREET  
City-State-Zip: WATERLOO ONTARIO N2L 3X2

Title SECRETARY  
Name MCBEAN, DEREK  
Address 455 PHILLIP STREET  
City-State-Zip: WATERLOO ONTARIO N2L 3X2

Title DIRECTOR  
Name WRIGHT, ASHLEY  
Address 999 HAY STREET  
City-State-Zip: PERTH 6000

Title TREASURER  
Name MORAN, MIKE  
Address 6705 MILLCREEK DRIVE  
UNIT 1  
City-State-Zip: MISSISSAUGA ONTARIO L5N 5M4

**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:** LINDSAY RAY

ASSISTANT SECRETARY 01/25/2021

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

**Officer/Director Detail Continued :**

Title                PRESIDENT  
Name               SKAVDAL, IVER  
Address            2235 MERCURY WAY  
City-State-Zip:   SANTA ROSA CA 95407

Title                DIRECTOR  
Name               STURDEVANT, HARRY  
Address            16701 MELFORD BLVD  
City-State-Zip:   BOWIE MD 20715