

**2025 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 US**FEI Number:** 16-1229774**Certificate of Status Desired:** No**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 DIRECTOR  
Name GIANOPOULOS, DIMITRIOS  
Address 455 PHILLIP STREET  
City-State-Zip: WATERLOO ON N2L 3X2

Title AUTHORIZED PERSON  
Name RAY, LINDSAY  
Address 455 PHILLIP STREET  
City-State-Zip: WATERLOO ON N2L 3X2

Title DIRECTOR, TREASURER  
Name MORAN, MICHAEL  
Address 6075 MILLCREEK DRIVE  
SUITE 1  
City-State-Zip: MISSISSAUGA ON L5M 5M4

Title COMPANY SECRETARY  
Name OSOKO, PATRICIA  
Address 455 PHILLIP STREET  
City-State-Zip: WATERLOO ON N2L 3X2

Title DIRECTOR, PRESIDENT  
Name WHITON, THEODORE  
Address 2235 MERCURY WAY  
SUITE 150  
City-State-Zip: SANTA ROSA CA 95407

Title DIRECTOR, EXECUTIVE VICE  
PRESIDENT  
Name KLIN, THOMAS  
Address 45 FARMINGTON VALLEY DRIVE  
City-State-Zip: PLAINWELL CT 06062

Title DIRECTOR, EXECUTIVE VICE  
PRESIDENT  
Name MCCAFFERY, RACHEL  
Address 410 EAGLEVIEW BOULEVARD  
SUITE 110  
City-State-Zip: EXTON PA 19341

*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

AUTHORIZED PERSON

01/22/2025

Electronic Signature of Signing Officer/Director Detail

Date