## 2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001161

Entity Name: CJL ENGINEERING, INC.

**Current Principal Place of Business:** 

1555 CORAOPOLIS HEIGHTS RD.

**SUITE 4200** 

MOON TOWNSHIP, PA 15108

**Current Mailing Address:** 

1555 CORAOPOLIS HEIGHTS RD.

**SUITE 4200** 

MOON TOWNSHIP, PA 15108 US

FEI Number: 25-1889973 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

**FILED** Apr 18, 2022

**Secretary of State** 

2831663909CC

Officer/Director Detail:

**SUITE 4200** 

Title **PRESIDENT** Title CFO, DIRECTOR CASSIDY, JOSEPH WILHELM, JOHN Name Name

Address 1555 CORAOPOLIS HEIGHTS RD. Address 1555 CORAOPOLIS HEIGHTS RD.

**SUITE 4200** 

MOON TOWNSHIP PA 15108 MOON TOWNSHIP PA 15108 City-State-Zip: City-State-Zip:

**DIRECTOR** Title Title DIRECTOR

GLENN, BROWN RICKABAUGH, KRISTOPHER Name Name

1555 CORAOPOLIS HEIGHTS RD. 1555 CORAOPOLIS HEIGHTS RD. Address Address **SUITE 4200** 

**SUITE 4200** 

MOON TOWNSHIP PA 15108 MOON TOWNSHIP PA 15108 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** 

MORRONE III, CHRISTY BERTOLINO, TIMOTHY Name Name

1555 CORAOPOLIS HEIGHTS RD. 1555 CORAOPOLIS HEIGHTS ROAD Address Address

> **SUITE 4200 SUITE 4200**

City-State-Zip: MOON TOWNSHIP PA 15108 City-State-Zip: MOON TOWNSHIP PA 15108

Title **DIRECTOR** Title DIRECTOR, SECRETARY

DUDA, CRAIG Name SOTOSKY, MATTHEW Name

Address 232 HORNER STREET 1555 CORAOPOLIS HEIGHTS RD. Address

**SUITE 4200** 

City-State-Zip: City-State-Zip: MOON TOWNSHIP PA 15108

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.

04/18/2022 SIGNATURE: CRAIG DUDA **OFFICER** 

Electronic Signature of Signing Officer/Director Detail

JOHNSTOWN PA 15902

Date

## Officer/Director Detail Continued:

Title DIRECTOR
Name VIZZINI, JAMES

Address 232 HORNER STREET
City-State-Zip: JOHNSTOWN PA 15902

Title DIRECTOR
Name FORD, GEOFF

Address 1555 CORAOPOLIS HEIGHTS RD.

**SUITE 4200** 

City-State-Zip: MOON TOWNSHIP PA 15108

Title DIRECTOR, TREASURER
Name ALEXANDER, GREG

Address 1555 CORAOPOLIS HEIGHTS RD.

SUITE 4200

City-State-Zip: MOON TOWNSHIP PA 15108