#### 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000005358

Entity Name: CROSS COUNTRY INFRASTRUCTURE SERVICES USA, INC.

FILED
Apr 05, 2018
Secretary of State
CC2583660525

## **Current Principal Place of Business:**

2251 RIFLE ST. AURORA, CO 80011

## **Current Mailing Address:**

2251 RIFLE ST.

AURORA, CO 80011 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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	Title	PRESIDENT
Name	HOPKINS, WILLIAM	Name	JAMES, JOHN
Address	2251 RIFLE ST.	Address	2251 RIFLE ST.
City-State-Zip:	AURORA CO 80011	City-State-Zip:	AURORA CO 80011

TitleDIRECTORTitleDIRECTORNamePLESCIA, GERALD A.NameGREGORY, PAUL

Address 2251 RIFLE ST. Address 2251 RIFLE ST.

City-State-Zip: AURORA CO 80011 City-State-Zip: AURORA CO 80011

Title DIRECTOR Title DIRECTOR

Name ROONEY, STEVEN Name MAS, JUAN CARLOS

Address 2251 RIFLE ST. Address 2251 RIFLE ST.

City-State-Zip: AURORA CO 80011 City-State-Zip: AURORA CO 80011

Title DIRECTOR Title DIRECTOR

Name JAMES, JOHN Name BROWN, MATTHEW

Address 2251 RIFLE ST. Address 2251 RIFLE ST.

City-State-Zip: AURORA CO 80011 City-State-Zip: AURORA CO 80011

#### 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: JOHN JAMES PRESIDENT 04/05/2018

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name AIKMAN, ROBERT Address 2251 RIFLE ST.

City-State-Zip: AURORA CO 80011