

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000005358

Entity Name: CROSS COUNTRY INFRASTRUCTURE SERVICES USA, INC.**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
Name MAS, JUAN CARLOS
Address 2251 RIFLE ST.
City-State-Zip: AURORA CO 80011

Title DIRECTOR
Name ROONEY, STEVEN
Address 2251 RIFLE ST.
City-State-Zip: AURORA CO 80011

Title DIRECTOR
Name GREGORY, PAUL
Address 2251 RIFLE ST.
City-State-Zip: AURORA CO 80011

Title DIRECTOR
Name PLESCIA, GERALD A.
Address 2251 RIFLE ST.
City-State-Zip: AURORA CO 80011

Title PRESIDENT
Name JAMES, JOHN
Address 2251 RIFLE ST.
City-State-Zip: AURORA CO 80011

Title SECRETARY
Name JAMES, MAUREEN
Address 2251 RIFLE ST.
City-State-Zip: AURORA CO 80011

Title CFO
Name LOGUE, BRENDAN
Address 2251 RIFLE ST.
City-State-Zip: AURORA CO 80011

Title DIRECTOR
Name HOPKINS, WILLIAM
Address 2251 RIFLE ST.
City-State-Zip: AURORA CO 80011

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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: MAUREEN JAMES**SECRETARY****05/16/2017**_____
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

Title DIRECTOR
Name JAMES, JOHN
Address 2251 RIFLE ST.
City-State-Zip: AURORA CO 80011

Title DIRECTOR
Name BROWN, MATTHEW
Address 2251 RIFLE ST.
City-State-Zip: AURORA CO 80011