**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 24, 2020**
**Secretary of State**
**3633589885CC**

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: 81-3273825**

**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 | ROONEY, STEVEN |
| Address | 2251 RIFLE ST. |
| City-State-Zip: | AURORA CO 80011 |

| | |
|---|---|
| Title | SECRETARY, TREASURER |
| Name | MELVIN, JOHN |
| Address | 2251 RIFLE ST. |
| City-State-Zip: | AURORA CO 80011 |

| | |
|---|---|
| Title | CFO |
| Name | JOHANNESEN, ANDREW |
| 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 |

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

| | |
|---|---|
| Title | CHAIRMAN OF THE BOARD, DIRECTOR |
| Name | MAS, JUAN CARLOS |
| Address | 2251 RIFLE ST. |
| City-State-Zip: | AURORA CO 80011 |

| | |
|---|---|
| Title | PRESIDENT, DIRECTOR |
| Name | JAMES, JOHN |
| 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 |

**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, DIRECTOR — 04/24/2020

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

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

| | |
|---|---|
| Title | DIRECTOR |
| Name | AIKMAN, ROBERT |
| Address | 2251 RIFLE ST. |
| City-State-Zip: | AURORA CO 80011 |