

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 841560

**Entity Name:** INTERTEK USA INC.

**Current Principal Place of Business:**

545 E. ALGONQUIN ROAD  
ATTN: LEGAL DEPARTMENT  
ARLINGTON HEIGHTS, IL 60005

**Current Mailing Address:**

545 E. ALGONQUIN ROAD  
ATTN: LEGAL DEPARTMENT  
ARLINGTON HEIGHTS, IL 60005 US

**FEI Number:** 72-0703433

**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, SECRETARY  
Name            ANDREWS, TODD  
Address        545 E. ALGONQUIN ROAD  
                  ATTN: LEGAL DEPARTMENT  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title            DIRECTOR, PRESIDENT  
Name            GALLOWAY, IAN  
Address        545 E. ALGONQUIN ROAD  
                  ATTN: LEGAL DEPARTMENT  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title            DIRECTOR  
Name            GROVER, RATHIN  
Address        545 E. ALGONQUIN ROAD  
                  ATTN: LEGAL DEPARTMENT  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title            DIRECTOR  
Name            MOLDOVEAN, CALIN  
Address        545 E. ALGONQUIN ROAD  
                  ATTN: LEGAL DEPARTMENT  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

Title            DIRECTOR, TREASURER  
Name            BURGE, JULIAN  
Address        545 E. ALGONQUIN ROAD  
                  ATTN: LEGAL DEPARTMENT  
City-State-Zip: ARLINGTON HEIGHTS IL 60005

*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:** TODD ANDREWS

**SECRETARY**

**04/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date