

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000002565

**Entity Name:** EYP MISSION CRITICAL FACILITIES, INC.

**Current Principal Place of Business:**

420 COLUMBUS AVENUE  
SUITE 202  
VALHALLA, NY 10595

**FILED**  
**Mar 22, 2019**  
**Secretary of State**  
**0653734285CC**

**Current Mailing Address:**

420 COLUMBUS AVENUE  
SUITE 202  
VALHALLA, NY 10595 US

**FEI Number: 11-2049537**

**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, SECRETARY  
Name           EINHORN, RICK  
Address        420 COLUMBUS AVENUE  
                  SUITE 202  
City-State-Zip: VALHALLA NY 10595

Title           CEO  
Name           WILSON, SCOTT  
Address        420 COLUMBUS AVENUE  
                  SUITE 202  
City-State-Zip: VALHALLA NY 10595

Title           DIRECTOR  
Name           WHELAN, BRIAN  
Address        420 COLUMBUS AVENUE  
                  SUITE 202  
City-State-Zip: VALHALLA NY 10595

Title           TREASURER  
Name           RAY, TRISH  
Address        420 COLUMBUS AVENUE  
                  SUITE 202  
City-State-Zip: VALHALLA NY 10595

*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: TRISH RAY**

**TREASURER**

**03/22/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date