

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002565

Entity Name: EYP MISSION CRITICAL FACILITIES, INC.

Current Principal Place of Business:

500 SUMMIT LAKE DRIVE
SUITE 180
VALHALLA, NY 10595

Current Mailing Address:

500 SUMMIT LAKE DRIVE
SUITE 180
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
Name EINHORN, RICK
Address 500 SUMMIT LAKE DRIVE
SUITE 180
City-State-Zip: VALHALLA NY 10595

Title DIRECTOR
Name WHELAN, BRIAN
Address 500 SUMMIT LAKE DRIVE
SUITE 180
City-State-Zip: VALHALLA NY 10595

Title SECRETARY
Name EINHORN, RICK
Address 500 SUMMIT LAKE DRIVE
SUITE 180
City-State-Zip: VALHALLA NY 10595

Title TREASURER
Name RAY, TRISH
Address 500 SUMMIT LAKE DRIVE
SUITE 180
City-State-Zip: VALHALLA NY 10595

Title CFO
Name WHELAN, BRIAN
Address 500 SUMMIT LAKE DRIVE
SUITE 180
City-State-Zip: VALHALLA NY 10595

Title CEO
Name WILSON, SCOTT
Address 500 SUMMIT LAKE DRIVE
SUITE 180
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: BRIAN WHELAN

CFO

04/23/2021

Electronic Signature of Signing Officer/Director Detail

Date