

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000000433

**Entity Name:** CAPITOL CONSTRUCTION SERVICES, INC.**Current Principal Place of Business:**11051 VILLAGE SQUARE LANE  
FISHERS, IN 46038**Current Mailing Address:**11051 VILLAGE SQUARE LANE  
FISHERS, IN 46038 US**FEI Number: 35-2054647****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	P
Name	ROBINSON, JON
Address	11051 VILLAGE SQUARE LANE
City-State-Zip:	FISHERS IN 46038

Title	VICE PRESIDENT OF OPERATIONS
Name	MITCHELL, CHARLES
Address	11051 VILLAGE SQUARE LANE
City-State-Zip:	FISHERS IN 46038

Title	VP
Name	CLARK, TERRY
Address	11051 VILLAGE SQUARE LANE
City-State-Zip:	FISHERS IN 46038

Title	DIRECTOR OF CONSTRUCTION
Name	SCHOTT, KEVIN
Address	11051 VILLAGE SQUARE LANE
City-State-Zip:	FISHERS IN 46038

*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: JON ROBINSON****PRESIDENT****01/10/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date