

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000005026

**FILED**  
**Jan 27, 2023**  
**Secretary of State**  
**8262855045CC**

**Entity Name:** FACILITY ENGINEERING ASSOCIATES, P.C.

**Current Principal Place of Business:**

12701 FAIR LAKES CIRCLE  
SUITE 101  
FAIRFAX, VA 22033

**Current Mailing Address:**

12701 FAIR LAKES CIRCLE  
SUITE 101  
FAIRFAX, VA 22033

**FEI Number:** 54-1646671

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INCORPORATING SERVICES, LTD.  
1540 GLENWAY DRIVE  
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 CD  
Name HODGES, CHRISTOPHER P  
Address 12701 FAIR LAKES CIRCLE, STE 101  
City-State-Zip: FAIRFAX VA 22033

Title PRESIDENT, DIRECTOR  
Name SMALL, WILLIAM W IV  
Address 12701 FAIR LAKES CIRCLE  
SUITE 101  
City-State-Zip: FAIRFAX VA 22033

Title T  
Name O'BRIEN, KEVIN A  
Address 12701 FAIR LAKES CIRCLE, STE 101  
City-State-Zip: FAIRFAX VA 22033

Title VP, DIRECTOR  
Name GILMER, LAURIE A  
Address 3554 ROUND BARN BLVD.  
STE 308  
City-State-Zip: SANTA ROSA CA 95403

Title VP  
Name KUTZLER, MATTHEW P  
Address 12701 FAIR LAKES CIRCLE  
SUITE 101  
City-State-Zip: FAIRFAX VA 22033

Title VP  
Name WATKINS, DANIEL L  
Address 12701 FAIR LAKES CIRCLE  
SUITE 101  
City-State-Zip: FAIRFAX VA 22033

Title VP  
Name EDWARDS, JOHN  
Address 12701 FAIR LAKES CIRCLE  
SUITE 101  
City-State-Zip: FAIRFAX VA 22033

Title VP  
Name ROSKOSKI, MAUREEN K  
Address 141 UNION BLVD  
STE 250  
City-State-Zip: LAKEWOOD CO 80228

*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:** KEVIN A. O'BRIEN

**TREASURER**

**01/27/2023**

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

\_\_\_\_\_  
Date