

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08664

**FILED**  
**May 29, 2020**  
**Secretary of State**  
**5703432637CC**

**Entity Name:** SYSTRA CONSULTING, INC.

**Current Principal Place of Business:**

400 BROADACRES DRIVE  
SUITE 105  
BLOOMFIELD, NJ 07003

**Current Mailing Address:**

400 BROADACRES DRIVE  
SUITE 105  
BLOOMFIELD, NJ 07003 US

**FEI Number:** 22-2593413

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S. 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 CHAIRMAN  
Name VOLLERY, JEAN-CHARLES  
Address 400 BROADACRES DRIVE  
SUITE 105  
City-State-Zip: BLOOMFIELD NJ 07003

Title VP  
Name SCHWEITZER, HELMUT  
Address 400 BROADACRES DRIVE  
SUITE 105  
City-State-Zip: BLOOMFIELD NJ 07003

Title SECRETARY  
Name LARDY, VINCENT  
Address 400 BROADACRES DRIVE  
SUITE 105  
City-State-Zip: BLOOMFIELD NJ 07003

Title TREASURER  
Name LARDY, VINCENT  
Address 400 BROADACRES DRIVE  
SUITE 105  
City-State-Zip: BLOOMFIELD NJ 07003

Title DIRECTOR  
Name SCANLON, BRIAN  
Address 225 REINEKERS LANE  
SUITE 220  
City-State-Zip: ALEXANDRIA VA 22314

Title DIRECTOR  
Name BONSIGNORE, JOSEPH  
Address 400 BROADACRES DRIVE  
SUITE 105  
City-State-Zip: BLOOMFIELD NJ 07003

Title VP  
Name MALAMED P.E., BENJAMIN  
Address 400 BROADACRES DRIVE  
SUITE 105  
City-State-Zip: BLOOMFIELD NJ 07003

Title CEO  
Name ROSENBLUM, STANLEY  
Address 400 BROADACRES DRIVE  
SUITE 105  
City-State-Zip: BLOOMFIELD NJ 07003

**Continues on page 2**

*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:** JOSEPH BONSIGNORE

**EXEC. VP**

**05/29/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title EXEC. VP  
Name BONSIGNORE, JOSEPH  
Address 150 CLOVE ROAD  
7TH FLOOR  
City-State-Zip: LITTLE FALLS NJ 07424