

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08664

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

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

Title TREASURER  
Name LARDY, VINCENT  
Address 55 BROAD STREET, 5TH FLOOR  
City-State-Zip: NEW YORK NY 10004

Title SECRETARY  
Name LARDY, VINCENT  
Address 55 BROAD STREET, 5TH FLOOR  
City-State-Zip: NEW YORK NY 10004

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

Title PRESIDENT  
Name SLAUGHTER, KIMBERLY  
Address 400 BROADACRES DRIVE  
SUITE 105  
City-State-Zip: BLOOMFIELD NJ 07003

*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:** KIMBERLY SLAUGHTER

**PRESIDENT**

**02/25/2023**

Electronic Signature of Signing Officer/Director Detail

Date