page 1 of 2

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841469

1. Entity Name
AIRCOND CORPORATION

FILED
01 MAY -1 PM 6:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
400 Lake Ridge Drive Smyrna, GA 30082 US	400 Lake Ridge Drive Smyrna, GA 30082 US

2. Principal Place of Business	3. Mailing Address
400 Lake Ridge Drive	400 Lake Ridge Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Smyrna, GA	City & State: Smyrna, GA
Zip: 30082 Country: USA	Zip: 30082 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-0184555 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____ 600004104666--9
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Alan Barnes, Jr. 400 Lake Ridge Drive, SE Smryna, GA 30082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Robert D. Zimet 2345 Crystal Drive Arlington, VA 22202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Philip G. Rogers 2345 Crystl Drive Arlington, VA 22202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T Donna Padgett 400 Lake Ridge Drive, SE Smyrna, GA 30082	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Alan Barnes, Sr. 400 Lake Ridge Drive, SE Smryna, GA 30082	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Philip Sayers 2345 Crystal Drive Arlington, VA 22202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ ,Robert D. Zimet 4/26/01 703920-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #

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THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 133854 131022B

AUTHORIZATION : Patricia Pigott

COST LIMIT : $ 150.00

ORDER DATE : April 30, 2001

ORDER TIME : 1:56 PM

ORDER NO. : 133854-005

CUSTOMER NO: 131022B

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAY -1 PM 3 23
NOT INTENDED TO ACKNOWLEDGE SUFFICIENCY OF FILING

CUSTOMER: Roxanne Brotherton, Legal Asst
Charles E. Smith Companies
2345 Crystal Drive
10th Floor
Arlington, VA 22202

ANNUAL REPORT FILING

NAME: AIRCOND CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 1135

EXAMINER'S INITIALS: _____