2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State
02-18-2003 90111 023 ***150.00

DOCUMENT # 841469

1. Entity Name
AIRCOND CORPORATION

Principal Place of Business	Mailing Address
400 LAKE RIDGE DR S.E. SMYRNA GA 30082 US	400 LAKE RIDGE DR S.E. SMYRNA GA 30082 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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 FL 32301	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT PADGETT, DONNA 400 LAKE RIDGE DR, SE SMYRNA GA 30082	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Jeffrey M. Levy 301 Merritt Seven 6th floor Norwalk, CT 06851	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BARNES, ALAN JR 400 LAKE RIDGE DR, SE SMYRNA GA 30082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive V.P. Jeffrey M. Levy 301 Merritt Seven 6th Floor Norwalk, CT-06851	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARNES, ALAN SR 400 LAKE RIDGE DR, SE SMYRNA GA 30082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Steven Gulley 320 23rd St. South Suite 100 Arlington, VA 22202	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SPERA, JOHNNA 2345 CRYSTAL DR 10TH FLOOR ARLINGTON VA 22202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/Controller/Treasurer Donna Hester 400 Lake Ridge Drive, SE Smyrna, GA 30082	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO ROGERS, PHILIP G 2345 CRYSTAL DRIVE ARLINGTON VA 22202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Richard Burnett 400 Lake Ridge Drive, SE Smyrna, GA 30082	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SAYERS, PHILIP 2345 CRYSTAL DRIVE ARLINGTON VA 22202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Secretary Frank Donelan 301 Merritt Seven 6th floor Norwalk, CT 06851	☐ Change ☒ Addition

CR2E034 (10/02)

12. 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 report 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Johnna S. Spera/Secretary 703/769-1302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #