2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90356 011 ****50.00

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1. Entity Name
CONTROL TECHNIQUES - AMERICAS LLC

Principal Place of Business	Mailing Address
12005 TECHNOLOGY DRIVE EDEN PRAIRIE, MN 55344	12005 TECHNOLOGY DRIVE EDEN PRAIRIE, MN 55344

04052007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
8000 W. Florissant Ave.		8000 W. Florissant Ave.	
Suite, Apt. #, etc.: Sta. 2586		Suite, Apt. #, etc.: Sta. 2586	
City & State: St. Louis, MO		City & State: St. Louis, MO	
Zip: 63136	Country: USA	Zip: 63136	Country: USA

4. FEI Number: 43-1576983 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORAITON SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSEMOUNT INC 8200 MARKET BLVD CHANHASSEN, MN 55317	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Control Techniques - Americas, Inc. 8000 W. Florissant Ave. St. Louis, MO 63136	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company ~~or the~~ receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Timothy G. Westman T.G. Westman, President & Secretary Control Techniques - Americas, Inc. 4/5/07 314-553-3822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #