2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F30315

Entity Name: SYSTEMAIR MFG. INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1712 NORTHGATE BLVD. 1712 NORTHGATE BLVD. SARASOTA, FL 34234 SARASOTA, FL 34234 **Current Mailing Address: New Mailing Address:** 1712 NORTHGATE BLVD. 1712 NORTHGATE BLVD. SARASOTA, FL 34234 SARASOTA, FL 34234 US FEI Number: 59-2119591 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAMBRECHT, WILLIAM G 200 S. ORANGE AVE SARASOTA, FL 34236 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: COBD () Delete Title: COBD (X) Change () Addition Name: ENGSTROM, GERALD Name: ENGSTROM, GERALD 1712 NORTHGATE BLVD. 1712 NORTHGATE BLVD. Address: Address: City-St-Zip: SARASOTA, FL 34234 City-St-Zip: SARASOTA, FL 34234 US () Delete PTD Title: PD Title: (X) Change () Addition LUND, MATS Name: WETTERGREN, OLA Name: 1712 NORTHGATE BLVD 1712 NORTHGATE BLVD Address: Address: SARASOTA, FL 34234 City-St-Zip: City-St-Zip: SARASOTA, FL 34234 US

() Delete Title: SD MAZEROLLE, ROLAND Name: 50 KANALFLAKT WAY Address: City-St-Zip: BOUCTOUCHE, NB

Title: () Delete

Name: Address: City-St-Zip:

Title: (X) Change () Addition SD MAZEROLLE, ROLAND Name:

50 KANALFLAKT WAY Address:

City-St-Zip: BOUCTOUCHE NB, OC 00000 CA

Title: () Change (X) Addition THOMPSON, GLENN Name:

Address: 1712 NORTHGATE BLVD. City-St-Zip: SARASOTA, FL 34234 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GLENN THOMPSON S 04/14/2009