

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841469

Entity Name: AIRCOND CORPORATION**Current Principal Place of Business:**400 LAKE RIDGE DR S.E.
SMYRNA, GA 30082**Current Mailing Address:**C/O EMCOR GROUP, INC.
301 MERRITT SEVEN, 6TH FLOOR
NORWALK, CT 06851 US**FEI Number:** 58-0184555**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	P
Name	CUTCHINS, KELLY
Address	400 LAKE RIDGE DR, SE
City-State-Zip:	SMYRNA GA 30082

Title	SECRETARY
Name	SZEFTTEL, JARRETT R
Address	301 MERRITT SEVEN
City-State-Zip:	NORWALK CT 06851

Title	ASSISTANT SECRETARY
Name	DELAIR, RICK
Address	400 LAKE RIDGE DR S.E.
City-State-Zip:	SMYRNA GA 30082

Title	ASSISTANT SECRETARY
Name	CAMERON, BRAD
Address	400 LAKE RIDGE DR S.E.
City-State-Zip:	SMYRNA GA 30082

Title	CFO, ASST. SECRETARY
Name	GREEN, ROBERT
Address	400 LAKE RIDGE DR, SE
City-State-Zip:	SMYRNA GA 30082

Title	VP
Name	CHRISTAKOS, KOSTAS
Address	301 MERRITT SEVEN, 6TH FLOOR
City-State-Zip:	NORWALK CT 06851

Title	ASSISTANT SECRETARY
Name	MCMANIMEN, STEVE
Address	400 LAKE RIDGE DRIVE
City-State-Zip:	SMYRNA GA 30082

Title	DIRECTOR AND VICE PRESIDENT
Name	TRIANO, ANTHONY
Address	301 MERRITT SEVEN 6TH FLOOR
City-State-Zip:	NORWALK CT 06851

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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: JARRETT R SZEFTTEL**SECRETARY****04/23/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	ASST. SECRETARY
Name	LANNING, ERIKA
Address	400 LAKE RIDGE DRIVE
City-State-Zip:	SMYRNA GA 30082