

2016 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 DVP
Name BORDES, MICHAEL P
Address 3100 WOODCREEK DRIVE
City-State-Zip: DOWNERS GROVE IL 60515

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

Title VP
Name MYERS, DOUGLAS
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 P
Name CUTCHINS, KELLY
Address 400 LAKE RIDGE DR, SE
City-State-Zip: SMYRNA GA 30082

Title VICE PRESIDENT AND SECRETARY
Name MAURICIO, MAXINE
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

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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: MAXINE MAURICIO

VICE PRESIDENT

04/20/2016

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	ASSISTANT SECRETARY
Name	EUSEBIO, ANNA LORINNA
Address	2 CROMWELL
City-State-Zip:	IRVINE CA 92618