2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2017
Secretary of State
CC2773806040

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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 04/20/2017

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