

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004019

Entity Name: SYSTEMS MANUFACTURING CORPORATION**Current Principal Place of Business:**26 POWERS ROAD
CONKLIN, NY 13748**Current Mailing Address:**300 INDUSTRY DRIVE
PITTSBURGH, PA 15275**FEI Number:** 52-2027822**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR., STE A
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	DIRECTOR, PRESIDENT, SECRETARY
Name	HOOGASIAN, SETH H
Address	81 WYMAN STREET
City-State-Zip:	WALTHAM MA 02454

Title	ASSISTANT TREASURER
Name	SPELLMAN, MAURA
Address	81 WYMAN STREET
City-State-Zip:	WALTHAM MA 02454

Title	ASSISTANT SECRETARY, ASSISTANT TREASURER
Name	BRUNI, JAMES E
Address	300 INDUSTRY DRIVE
City-State-Zip:	PITTSBURGH PA 15275

Title	TREASURER, ASSISTANT SECRETARY
Name	SMITH, ANTHONY H
Address	81 WYMAN STREET
City-State-Zip:	WALTHAM MA 02454

Title	ASSISTANT SECRETARY, ASSISTANT TREASURER
Name	MICHAUD, MICHAEL K
Address	81 WYMAN STREET
City-State-Zip:	WALTHAM MA 02454

Title	ASSISTANT SECRETARY
Name	SABO, JOHN
Address	300 INDUSTRY DRIVE
City-State-Zip:	PITTSBURGH PA 15275

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: JAMES E BRUNI**ASSISTANT SECRETARY 03/25/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date