

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004692

**Entity Name:** ADVANCED CONTROL SYSTEMS, INC.**Current Principal Place of Business:**2755 NORTHWOODS PARKWAY  
PEACHTREE CORNERS, GA 30071**Current Mailing Address:**2755 NORTHWOODS PARKWAY  
PEACHTREE CORNERS, GA 30071 US**FEI Number:** 46-4574462**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	PRESIDENT
Name	MCNULTY , ADRIAN
Address	2755 NORTHWOODS PARKWAY
City-State-Zip:	PEACHTREE CORNERS GA 30071

Title	SECRETARY
Name	CRIVORNCICA JR. , VITOR
Address	2755 NORTHWOODS PARKWAY
City-State-Zip:	PEACHTREE CORNERS GA 30071

Title	TREASURER & DIRECTOR
Name	PRESAS-PRESAS , MARIA
Address	2755 NORTHWOODS PARKWAY
City-State-Zip:	PEACHTREE CORNERS GA 30071

Title	DIRECTOR
Name	ABRIL MAZUELAS, LUIS
Address	2755 NORTHWOODS PARKWAY
City-State-Zip:	PEACHTREE CORNERS GA 30071

Title	DIRECTOR
Name	BENÍTEZ, LEONARDO
Address	2755 NORTHWOODS PARKWAY
City-State-Zip:	PEACHTREE CORNERS GA 30071

Title	DIRECTOR
Name	CERVANTES VILLARUBIA, RAUL
Address	2755 NORTHWOODS PARKWAY
City-State-Zip:	PEACHTREE CORNERS GA 30071

*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:** VITOR CRIVORNCICA JR.**SECRETARY****03/10/2022**

Electronic Signature of Signing Officer/Director Detail

Date