

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841469

FILED
Mar 31, 2009
Secretary of State

Entity Name: AIRCOND CORPORATION

Current Principal Place of Business:

400 LAKE RIDGE DR S.E.
SMYRNA, GA 30082 US

New Principal Place of Business:

Current Mailing Address:

400 LAKE RIDGE DR S.E.
SMYRNA, GA 30082 US

New Mailing Address:

C/O EMCOR GROUP, INC.
301 MERRITT SEVEN, 6TH FLOOR
NORWALK, CT 06851 US

FEI Number: 58-0184555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: BORDES, MICHAEL P
Address: 960 INDUSTRIAL DRIVE, SUITE 2
City-St-Zip: ELMHURST, IL 60126

Title: P () Delete
Name: MIMNAUGH, TERENCE
Address: 400 LAKE RIDGE DR, SE
City-St-Zip: SMYRNA, GA 30082 US

Title: CFO () Delete
Name: GREEN, ROBERT
Address: 400 LAKE RIDGE DR, SE
City-St-Zip: SMYRNA, GA 30082

Title: S () Delete
Name: DONELAN, FRANK
Address: 301 MERRITT SEVEN
City-St-Zip: NORWALK, CT 06851

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MAURICIO, MAXINE
Address: 301 MERRITT SEVEN
City-St-Zip: NORWALK, CT 06851

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MAXINE MAURICIO

S

03/31/2009

Electronic Signature of Signing Officer or Director

_____ Date