

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841469

FILED  
Apr 06, 2010  
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:**

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

**New Mailing Address:**

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  
Name: BORDES, MICHAEL P  
Address: 960 INDUSTRIAL DRIVE, SUITE 2  
City-St-Zip: ELMHURST, IL 60126

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

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

Title: S  
Name: MAURICIO, MAXINE  
Address: 301 MERRITT SEVEN  
City-St-Zip: NORWALK, CT 06851

Title: VP  
Name: HILL, PAUL F  
Address: 400 LAKE RIDGE DR, SE  
City-St-Zip: SMYRNA, GA 30082

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: R. KEVIN MATZ

VP

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date