


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F00000001437**

1. Entity Name  
**CONTROL SYSTEMS (USA) INC.**



Principal Place of Business <b>2424 NORTH FEDERAL HIGHWAY, SUITE 164          BOCA RATON, FL 33431</b>	Mailing Address <b>2424 NORTH FEDERAL HIGHWAY, SUITE 164          BOCA RATON, FL 33431</b>
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01052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>98-0073026</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000777423  
 01/10/08-80007-021 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD MCLEOD, IAN 1698 ROYAL PALM WAY BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CARMICHAEL, IAN 1812 SABAL PALM CIRCLE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:  **IAN MCLEOD** 1/7/08 561-361-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #