

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005487

FILED
Mar 20, 2009
Secretary of State

Entity Name: INVENSYS SYSTEMS, INC.

Current Principal Place of Business:

33 COMMERCIAL STREET
B51-2C
FOXBORO, MA 02035

New Principal Place of Business:

Current Mailing Address:

33 COMMERCIAL STREET
B51-2C
FOXBORO, MA 02035

New Mailing Address:

FEI Number: 04-1339430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
1550 OFFICE PLAZA DRIVE
SUITE A
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: P () Delete
Name: EBERHART, PAULETT
Address: 33 COMMERCIAL STREET
City-St-Zip: FOXBORO, MA 02035

Title: ASAT () Delete
Name: HULL, VICTORIA
Address: 33 COMMERCIAL STREET
City-St-Zip: FOXBORO, MA 02035

Title: VPSC () Delete
Name: EHLE, JAY S
Address: 33 COMMERCIAL STREET
City-St-Zip: FOXBORO, MA 02035

Title: VTFC (X) Delete
Name: ABDELAHAD, FRED R
Address: 33 COMMERCIAL ST
City-St-Zip: FOXBORO, MA 02035

Title: D () Delete
Name: EBERHART, PAULETT
Address: 33 COMMERCIAL STREET
City-St-Zip: FOXBORO, MA 02035

Title: AS () Delete
Name: TURNER, PATRICIA
Address: 735 POST RD E
City-St-Zip: WESTPORT, CT 06880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HENRIKSSON, ULF
Address: 33 COMMERCIAL STREET
City-St-Zip: FOXBORO, MA 02035

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: D (X) Change () Addition
Name: HENRIKSSON, ULF
Address: 33 COMMERCIAL STREET
City-St-Zip: FOXBORO, MA 02035

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

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: JOE HOUGHTON (OFFICER)

CONT

03/20/2009

Electronic Signature of Signing Officer or Director

Date