


2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 JUN 26 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000000569					
1. Entity Name BELIMO AIRCONTROLS (USA), INC.					
Principal Place of Business 43 OLD RIDGEBURY RD DANBURY, CT 06813-2928			Mailing Address PO BOX 2928 DANBURY, CT 06813-2928		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 22-2879066	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHEELER, BRIAN 3029 E. THOMAS STREET INVERNESS, FL 34453			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <i>[Signature]</i>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD	<input checked="" type="checkbox"/> Delete	TITLE	P.D.	<input checked="" type="checkbox"/> Addition
NAME	BUCK, WERNER		NAME	van der Weerd, Alexander	
STREET ADDRESS	PO BOX 2928 N/A		STREET ADDRESS	PO Box 2928 N/A 43 Old Ridgeway Rd	
CITY-ST-ZIP	DANBURY, CT		CITY-ST-ZIP	Danbury CT 06810	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, RICHARD		NAME		
STREET ADDRESS	405 LEXINGTON AVE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUTMANN, BERT		NAME	Trutmann, Beat	
STREET ADDRESS	BRUNNEENBACHSTRASSE 1		STREET ADDRESS	Brunnerbachstrasse 1	
CITY-ST-ZIP	HINWIL, CH-830		CITY-ST-ZIP	Hinwil, CH-830	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	800077136488	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	07/07/06--01021--011 **317.50	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 like empowered.					
SIGNATURE: <i>[Signature]</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

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