

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005903

FILED
Apr 27, 2011
Secretary of State

Entity Name: COMPRESSOR CONTROLS CORPORATION

Current Principal Place of Business:

4725 121ST STREET
DES MOINES, IA 50323

New Principal Place of Business:

Current Mailing Address:

6901 PROFESSIONAL PARKWAY
SUITE 200
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 42-1273676

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 323012525 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

OFFICERS AND DIRECTORS:

Title: P
Name: KRIEPS, CHRISTOPHER
Address: 4725 121ST STREET
City-St-Zip: DES MOINES, IA 50323

Title: T
Name: KURTZMAN, MARK
Address: 4725 121ST STREET
City-St-Zip: DES MOINES, IA 50323

Title: VP/D
Name: SONI, PAUL J
Address: 6901 PROFESSIONAL PK, STE. 200
City-St-Zip: SARASOTA, FL 34240

Title: S/D
Name: LINER, DAVID B
Address: 6901 PROFESSIONAL PK, STE. 200
City-St-Zip: SARASOTA, FL 34240

Title: V
Name: WINFREY, TIMOTHY J
Address: 6901 PROFESSIONAL PK, STE. 200
City-St-Zip: SARASOTA, FL 34240

Title: D
Name: HUMPHREY, JOHN
Address: 6901 PROFESSIONAL PK, STE. 200
City-St-Zip: SARASOTA, FL 34240

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: MARK KURTZMAN

VP

04/27/2011

Electronic Signature of Signing Officer or Director

Date