2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005903

Entity Name: COMPRESSOR CONTROLS CORPORATION

FILED Feb 07, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4725 121ST STREET DES MOINES, IA 50323

Current Mailing Address: New Mailing Address:

6901 PROFESSIONAL PARKWAY SUITE 200 SARASOTA, FL 34240

FEI Number: 42-1273676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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:

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: \

Name: WINFREY, TIMOTHY J

Address: 6901 PROFESSIONAL PK, STE. 200

City-St-Zip: SARASOTA, FL 34240

Title:

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 HOTOVEC CNTR 02/07/2012