2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # M03000000281

1. Entity Name
JOHNSON CONTROLS BUILDING AUTOMATION SYSTEMS, LLC

Principal Place of Business	Mailing Address
910 CLOPPER ROAD SUITE 250 GAITHERSBURG, MD 20878	P.O. BOX 591 ATTN: TAX DEPT., X81 MILWAUKEE, WI 53201

DO NOT WRITE IN THIS SPACE

04082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
36-4316799

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000000904739
05/01/08-80025-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	ELLIOT, JOEL
STREET ADDRESS	910 CLOPPER RD
CITY-ST-ZIP	GAITHERSBURG, MD 20878
TITLE	S
NAME	KOCEZELA, MARK
STREET ADDRESS	507 E. MICHIGAN AVENUE
CITY-ST-ZIP	MILWAUKEE, WI 53202
TITLE	MGR
NAME	OKARMA, JEROME
STREET ADDRESS	5757 N. GREEN BAY AVENUE
CITY-ST-ZIP	MILWAUKEE, WI 53209
TITLE	T
NAME	ROELL, STEPHEN
STREET ADDRESS	5757 N GREEN BAY AVE
CITY-ST-ZIP	MILWAUKEE, WI 53209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 4/11/08 414-524-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #