# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -7 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12463 (6)

1. Corporation Name
KW CONTROL SYSTEMS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| RD #4 BOX 194<br>MIDDLETOWN NY 10940 | RD #4 BOX 194<br>MIDDLETOWN NY 10940 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/11/1986
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 06-0981167 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PC | 1.1 TITLE | DPC | ☑ Change ☐ Addition |
| NAME | WINGEN, DIETER H. | 1.2 NAME | | |
| STREET ADDRESS | RD#1 BOX 452 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WESTTOWN NY | 1.4 CITY-ST-ZIP | | |
| TITLE | VTS | 2.1 TITLE | T D | ☑ Change ☐ Addition |
| NAME | WINGEN, INGE | 2.2 NAME | | |
| STREET ADDRESS | RD#1 BOX 452 | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WESTTOWN NY | 2.4 CITY-ST-ZIP | | |
| TITLE | VD | 3.1 TITLE | VD | ☐ Change ☑ Addition |
| NAME | DANBURY, GEOREGE | 3.2 NAME | Kelly, John J. | |
| STREET ADDRESS | 3 HOWARD DRIVE | 3.3 STREET ADDRESS | 74 Walnut Hill Rd. | |
| CITY-ST-ZIP | MIDDLETOWN NY | 3.4 CITY-ST-ZIP | Bethel CT 06801 | |
| TITLE | S | 4.1 TITLE | VD | ☐ Change ☑ Addition |
| NAME | BEDELL, DORIS | 4.2 NAME | Plato, Stanley | |
| STREET ADDRESS | 497 CREEDEN DRIVE | 4.3 STREET ADDRESS | 150 Ulster Ave | |
| CITY-ST-ZIP | MIDDLETOWN NY | 4.4 CITY-ST-ZIP | Walden NY 12586 | |
| TITLE | V | 5.1 TITLE | V | ☐ Change ☑ Addition |
| NAME | COLLINS, KEVIN | 5.2 NAME | Walter, Bradley | |
| STREET ADDRESS | 8 ETHERIDGE PLACE | 5.3 STREET ADDRESS | Grey Key Farm, RD#1 Box 1449 | |
| CITY-ST-ZIP | PARK RIDGE NJ | 5.4 CITY-ST-ZIP | Columbia NJ 07832 | |
| TITLE | V | 6.1 TITLE | Delete | ☑ Change ☐ Addition |
| NAME | KISELAK, THOMAS | 6.2 NAME | | |
| STREET ADDRESS | RR #1 BOX 454 | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WESTOWN NY | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** John J. Kelly John J. Kelly 2/28/95 (914) 355-5200
(SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR) Date (Daytime Phone #)

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