

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90156 006 ***150.00

DOCUMENT # P16831

1. Corporation Name

INTERNATIONAL COMFORT PRODUCTS CORPORATION (USA)

Principal Place of Business

650 HEIL QUAKER AVENUE
P.O. BOX 3005
LEWISBURG TN 37091
US

Mailing Address

501 CORPORATE CENTRE DRIVE
SUITE 200
FRANKLIN TN 37067
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1987

4. FEI Number

31-1159850

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE

NAME CLEVY, W. MICHAEL
STREET ADDRESS 501 CORPORATE CENTRE DR., STE. 200
CITY-ST-ZIP FRANKLIN TN 37067

TITLE SVS ☐ DELETE

NAME CAIN, DAVID P
STREET ADDRESS 501 CORPORATE CENTRE DR., STE. 200
CITY-ST-ZIP FRANKLIN TN 37067

TITLE SVCT ☐ DELETE

NAME CLANTON, STEPHEN L
STREET ADDRESS 501 CORPORATE CENTRE DR., STE. 200
CITY-ST-ZIP FRANKLIN TN 37067

TITLE SVP ☐ DELETE

NAME HARRELL, FRANCIS C
STREET ADDRESS 651 HEIL-QUAKER AVENUE
CITY-ST-ZIP LEWISBURG TN 37091

TITLE SVP ☐ DELETE

NAME HENNINGSEN, ROBERT C
STREET ADDRESS 501 CORPORATE CENTRE DR., STE. 200
CITY-ST-ZIP FRANKLIN TN 37067

TITLE SVPM ☐ DELETE

NAME KLING, HERMAN V
STREET ADDRESS 650 HEIL-QUAKER AVENUE
CITY-ST-ZIP LEWISBURG TN 37091

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

David P. Cain

David P. Cain

4-29-99

615-771-0216

CR2E034 (11/98)