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 27 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40852 (6)

1. Corporation Name
LINK CONTROLS, INC.

Principal Place of Business	Mailing Address
2111 LAKELAND AVE RONKONKOMA NY 11779 US	5612 COMMERCE PARK BLVD TAMPA FL 33610 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/05/1992
3a. Date of Last Report: 02/07/1994
4. FEI Number: 11-2468201 ☐ 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

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

9. Name and Address of Current Registered Agent

LINKENS, RICHARD
5612 COMMERCE PARK BLVD.
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name: Puckett, Mark
82 Street Address (P.O. Box Number is Not Acceptable): 5612 Commerce Park Blvd.
83
84 City: TAMPA FL 85 Zip Code: 33610

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: MARK E. PUCKETT 1/3/95
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	CS	1.1 TITLE	PRESIDENT, Managing Director	☒ Change ☐ Addition
NAME	STRAND, CHARLES G.	1.2 NAME		
STREET ADDRESS	2111 LAKELAND AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	RONKONKOMA NY	1.4 CITY-ST-ZIP		
TITLE	VCP	2.1 TITLE		☒ Change ☐ Addition
NAME	BOWDEN, WILLIAM F.	2.2 NAME	NO longer an officer	
STREET ADDRESS	2111 LAKELAND AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	RONKONKOMA NY	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	Vice-President, Director	☐ Change ☒ Addition
NAME		3.2 NAME	Robert Bond	
STREET ADDRESS		3.3 STREET ADDRESS	2111 Lakeland Ave.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ronkonkoma, NY 11779	
TITLE		4.1 TITLE	Treasurer, Director	☐ Change ☒ Addition
NAME		4.2 NAME	Alice Lecuyer	
STREET ADDRESS		4.3 STREET ADDRESS	2111 Lakeland Ave.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ronkonkoma, NY 11779	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Alice Lecuyer Alice Lecuyer 1-26-95 561-447-2324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0442002 FP