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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # S10001 (3)

1. Corporation Name

CONTROL SOLUTIONS INC - ATLANTIC

Principal Place of Business	Mailing Address
7676 SOUTHLAND SUITE 107 ORLANDO FL 32809 US	1770 MASON MORROW SUITE 107 LEBANON OH 45036 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1990	3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-3038051	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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CRAIGMILE, JEFFREY S. ONE DUPONT CENTRE, SUITE 2180 390 NORTH ORANGE AVENUE ORLANDO FL 32801	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 ______________________

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1) TITLE	☐ Change ☐ Addition
NAME	HOUSH, RICHARD D.	1) NAME	
STREET ADDRESS	9390 WHITE ROSE COURT	1) STREET ADDRESS	
CITY-ST-ZIP	LOVELAND OH	1) CITY-ST-ZIP	
TITLE	D	2) TITLE	☐ Change ☐ Addition
NAME	HAUSER, HOWARD W.	2) NAME	
STREET ADDRESS	1772 CORAL WAY NORTH	2) STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	2) CITY-ST-ZIP	
TITLE		3) TITLE	D ☐ Change ☒ Addition
NAME		3) NAME	Buenaventura F. Prades
STREET ADDRESS		3) STREET ADDRESS	2048 Crosshair Circle
CITY-ST-ZIP		3) CITY-ST-ZIP	Orlando, FL 32837
TITLE		4) TITLE	☐ Change ☐ Addition
NAME		4) NAME	
STREET ADDRESS		4) STREET ADDRESS	
CITY-ST-ZIP		4) CITY-ST-ZIP	
TITLE		5) TITLE	☐ Change ☐ Addition
NAME		5) NAME	
STREET ADDRESS		5) STREET ADDRESS	
CITY-ST-ZIP		5) CITY-ST-ZIP	
TITLE		6) TITLE	☐ Change ☐ Addition
NAME		6) NAME	
STREET ADDRESS		6) STREET ADDRESS	
CITY-ST-ZIP		6) 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(1)(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: [signature] Richard D. Housh 3/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0466570 FP