

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J40940

Entity Name: HYTORK CONTROLS, INC.**Current Principal Place of Business:**19200 NORTHWEST FREEWAY
HOUSTON, TX 77065**Current Mailing Address:**8100 W FLORISSANT AVE
P.O. BOX 36911
SAINT LOUIS, MO 63136 US**FEI Number:** 59-2792478**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TREASURER
Name	BURNETT, TERESA A
Address	8100 W FLORISSANT AVE
City-State-Zip:	SAINT LOUIS MO 63136

Title	SECRETARY
Name	CHELESNIK, STEVEN A
Address	8000 NORMAN CENTER DR. SUITE 1200
City-State-Zip:	BLOOMINGTON MN 55437

Title	PRESIDENT, DIRECTOR
Name	PLUM, DAVID M
Address	8100 W. FLORISSANT
City-State-Zip:	ST. LOUIS MO 63136

Title	VICE PRESIDENT, DIRECTOR
Name	HOWARD, WARREN
Address	1110 BRITTMOORE PARK DRIVE
City-State-Zip:	HOUSTON TX 77041

Title	DIRECTOR
Name	BUZBEE, TERRY D
Address	301 SOUTH 1ST AVE.
City-State-Zip:	MARSHALLTOWN IA 50158

Title	DIRECTOR, VP
Name	HOWARD, WARREN
Address	11100 BRITTMOORE PARK DR.
City-State-Zip:	HOUSTON TX 77041

Title	ASST. SECRETARY
Name	SHELDON, MICHAEL L.
Address	1100 W. LOUIS HENNA BLVD.
City-State-Zip:	ROUND ROCK TX 78681-7430

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TERESA A. BURNETT**TREASURER****03/23/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date