

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004692

**FILED**  
**Feb 26, 2019**  
**Secretary of State**  
**7755704429CC**

**Entity Name:** ADVANCED CONTROL SYSTEMS, INC.

**Current Principal Place of Business:**

2755 NORTHWOODS PARKWAY  
PEACHTREE CORNERS, GA 30071

**Current Mailing Address:**

2755 NORTHWOODS PARKWAY  
PEACHTREE CORNERS, GA 30071 US

**FEI Number:** 46-4574462

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 CEO, P  
Name SULLIVAN, KEVIN  
Address 2755 NORTHWOODS PARKWAY  
City-State-Zip: NORCROSS GA 30071

Title CFO  
Name KURIGER, DAVE  
Address 2755 NORTHWOODS PARKWAY  
City-State-Zip: NORCROSS GA 30071

Title SECRETARY  
Name CRIVORNCICA, VITOR JR.  
Address 2755 NORTHWOODS PARKWAY  
City-State-Zip: PEACHTREE CORNERS GA 30071

Title TREASURER  
Name PRESAS-PRESAS, MARIA  
Address 2755 NORTHWOODS PARKWAY  
City-State-Zip: PEACHTREE CORNERS GA 30071

Title DIRECTOR  
Name MAZUELAS, LUIS ABRIL  
Address AVENIDA DE BRUSELAS, 35  
ALCOBENDAS  
City-State-Zip: MADRID 28108

Title DIRECTOR  
Name BENITEZ, LEONARDO  
Address AVENIDA DE BRUSELAS, 35  
ALCOBENDAS  
City-State-Zip: MADRID SPAIN 28108

Title DIRECTOR  
Name PRESAS-PRESAS, MARIA  
Address 2755 NORTHWOODS PARKWAY  
City-State-Zip: PEACHTREE CORNERS GA 30071

Title DIRECTOR  
Name VILLARUBIA, RAUL CERVANTES  
Address AVENIDA GUIDO CALOI, 1.002  
TORRE III  
City-State-Zip: SAO PAULO 05802-140

*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:** DAVE KURIGER

**CFO**

**02/26/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date