2002 UNIFORM BUSINESS REPORT (UBR)

G38011

JOHNSON CONTROLS MANAGEMENT SYSTEMS INC.

DOCUMENT # 1. Entity Name

FILED Jun 16, 2002 8:00 am Secretary of State 05-15-2002 90140 037 ***150.00

Principal Place of Business		Mailing Address ATTN. TAX X81 P.O. BOX 591 MILWAUKEE WI 53201 US 3. Mailing Address Suite, Apt. #, etc.			39002						
90 MOONACHIE TETERBORO NJ 07608 US 2. Principal Place of Business Suite, Apt. #, etc. City & State											
					T TORKIN OBER HIND THIN BRICK HODE THE COURT OF THE COURT						
					DO NOT WRITE IN THIS SPACE						
			City & State	4. FEI Nur		El Number 13-3336716			Applied For Not Applicable		
Zip :		Country	Zip	Coun	try	5. C			8.75 A	ditional	1
	6. Name	and Address of Current R	egistered Agent		· · · · · ·	7. N	ame and Address of New Regis			90.	4
-			2422		Name						1
,	PORATION S PINE ISLAN				Street Address	s (P.O. Box Number is Not Acceptable)				+	
	TON FL 333				-						\dashv
FEMILIA	ION FL 333	24			City			FL	Zip Co	de	\dashv
8. The above	named entity	submits this statement for	the outnose of changing its	- Indiana	d office or regions		nt, or both, in the State of Florida		Ĺ		4
SIGNATURE								•			
	Signature, typed	or printed name of registered agent and	d title if applicable. (NOTE:	Registered	Agent signature requires	d when rein	istating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Str								
11.		OFFICERS AND D	RECTORS	12.		ADD	ITIONS/CHANGES TO OFFICER	\$ AND D	RECTOR	S IN 11	1
TITLE NAME	DP		☐ Delate	TITLE			-] Change	Addition	15
STREET ADDRESS	90 MOON	Frederick D. Achie Ave.			T ADDRESS						07 75
CITY-ST-ZIP	TETERBOR	RO NJ		-	ST-ZIP						1 6
TITLE NAME	VSD	m.m. a. m.	Delete	TITLE	•] Change	Addition	"
STREET ADDRESS	YOUNG, L	inda B. Achie ave.			T ADDRÉSS.						
CITY-ST-ZIP	TETERBOR			CITY-							
TILE			☐ Delete	TITLE -NAME			•	Е	Change	☐ Addition	
STREET ADDRESS					TADDRESS						-
CITY-ST-ZIP				CITY-S	ST-ZIP						
TITLE			☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	İ
NAME				NAME				_			1
STREET ADDRESS CITY-ST-ZIP				STREET CITY-S	ADDRESS					- 1	
TITLE				_	01-2IP						ĺ
NAME			☐ Delete	TITLE			•		Change	☐ Addition	ĺ
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				CITY-S	T-21P					i	
TITLE			☐ Delete	TITLE		-			Change	☐ Addition	1
NAME STREET ADDRESS				NAME	1000000					ļ	
CITY-ST-ZIP				CITY S	ADDRESS T-71P					ĺ	
	ertify that the	information supplied with this	s filing does not qualify for th			tion 110	07/3/0/ 5014- 5:				
indicated of the corp	on this report	or supplemental report is tru receiver or trustee empowe	e and accurate and that my	signatur	e shall have the sa	ame lega Elorida	0.07(3)(i), Florida Statutes. I furthe al effect as if made under oath; the Statutes: and that my name oath; the	r certify that I am a	nat the in n officer (ormation or director	

changed, or on an attachment with an address, with all other like er

م ره روده

Johnson Controls, Inc. 5757 N. Green Bay Avenue Post Office Box 591 Milwaukee, WI 53201-0591 Tel. 414/228 1200

JAHNSON CONTROLS HAGINATE 93082

DELEGATION OF AUTHORITY

#G38011

The undersigned, President of Johnson Controls, Inc., a Wisconsin corporation, pursuant to the authority vested in him by a certain resolution adopted by the Board of Directors of the Company on lanuary 23, 1980, hereby authorizes:

Steve Janowski, Director of Corporate Taxes 5757 North Green Bay Avenue, P O Box 591 Milwaukee, Wisconsin 53201

to perform, on behalf of the Company, and any direct or indirect affiliate for which the Company is the majority shareholder, the acts described below:

- a. to execute and file any required tax returns, waivers, consents and closing agreements;
- b. to apply for any and all contractor's licenses, general business licenses, privilege licenses, and other similar licenses required in the ordinary course of business;
- c. to execute and file annual reports as required by state law; and
- d. to execute abandoned property reports.

This authority does not extend to:

- a. the execution of surety, performance or bid bonds;
- the collection, receipt and recovery of monies due or to become due to the Company and the issuance of receipts and releases for the payment thereof, except as noted above;
- the signing of any notes, contracts, or any other agreement to borrow money in the name
 of the Company;
- the signing, on behalf of the Company, of any deeds, abstracts, offers to purchase or any
 other instruments pertaining to the purchase or sale of real property; and
- e. to execute and deliver, any and all contracts for the performance of work, sale of goods, and furnishing of services, and any other instruments in connection therewith and in the ordinary course of business.

This authority shall remain in full force and effect until revoked in writing by the President of the Company.

Signed and sealed at Milwaukee, Wisconsin this 25th day of November, 1998.

Attest:
Secretary
CIA
(SEAL)

John Bart

DOCU 1. Entity Nan	2 UNIFORM BUS JMENT # G380 ON CONTROLS MANAGEM	11					
Principal Plac	ice of Business	Mailing Address		_	0	_	
90 MOONACI TETERBORO US	CHIE	ATTN. TAX X81 P.O. BOX 591 MILWAUKEE WI 53201 US			13082) 	
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt.	t. #, etc.	Suite, Apt. #, etc.		DO NOT WRIT	E IN THIS SPACE		
City & State		City & State		4. FEI Number Applied For			
Zip	Country	Zip	Country	13-3336716	_ \$8.75 A	lot Applicable	
	6. Name and Address of Current	Registered Agent	1	Certificate of Status Desired Name and Address of New Re	Fee Requir		
	· · · · · · · · · · · · · · · · · · ·	. riegistereu Agent	Name _	7, Warne and Address of New H	egistered Agent	-	
	PORATION SYSTEM		Street Addres	ss (P.O. Box Number is Not Acceptable)		
	Pine island road Ton FL 33324						
			I .				
. = *******			City		FL Zip Coo	de	
		or the purpose of changing it	<u> </u>	stered agent, or both, in the State of Flo		de 	
. The above		or the purpose of changing it	<u> </u>	stered agent, or both, in the State of Flo		de 	
. The above			<u> </u>			de <u>*</u> -	
3. The above SIGNATURE _ 9. This corporate fling r	e named entity submits this statement fo	and title if applicable. (NO FILE NOW After May 1, 2	ts registered office or regis	uireo when resistating) 10. Election Campaign Fin	rida. DATE ancing \$5.0	OO May Be	
. The above IGNATURE _ 7. This corpor Tax filing r (See criter 1.	s named entity submits this statement for Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After May 1, 2 Make Check Pays DIRECTORS	on the property of the propert	uireo when resistating) 10. Election Campaign Fin	DATE ancing \$5.0 Adde	00 May Be d to Fees	
The above GNATURE This corporate filing respectively.	s named entity submits this statement to Signature, typed or printed name of reprisered agent oration is eligible to satisfy its Intangible requirement and elects to do so, ria on back) OFFICERS AND DP GAMMON, FREDERICK D. 90 MOONACHIE AVE.	and title if applicable. (NO FILE NOW After May 1, 2 Make Check Paye	on the property of the propert	uireo when reinstating) 10. Election Campaign Fine Trust Fund Contribution	DATE ancing \$5.0	00 May Be	
The above GNATURE _ This corpc Tax filing r (See criter EE ME EET ADDRESS AE EET ADDRESS	s named entity submits this statement to Signature, typed or printed name of registered agent or attion is eligible to satisfy its Intangible requirement and elects to do so. ria on back) OFFICERS AND OFFICERS	FILE NOW After May 1, 2 Make Check Pays DIRECTORS	Its registered office or registered Agent signature requirements of the state of th	uireo when reinstating) 10. Election Campaign Fine Trust Fund Contribution	DATE ancing \$5.0 Adde	700 May Be d to Fees SS IN 11 ☐ Addition	
The above GNATURE _ This corpc Tax filing r (See criter LE ME LE LE LE LE LE LE LE LE	s named entity submits this statement to Signature, typed or printed name of registered agent or attion is eligible to satisfy its Intangible requirement and elects to do so. ria on back) OFFICERS AND DP GAMMON, FREDERICK D. 90 MOONACHIE AVE. TETERBORO NJ VSD YOUNG, LINDA B.	and title if applicable. (NO FILE NOW After May 1, 2 Make Check Paye DIRECTORS Delete	Its registered office or registered Agent signature requirements of the second of the	uireo when reinstating) 10. Election Campaign Fine Trust Fund Contribution	DATE ancing \$5.0 Adde CERS AND DIRECTOR Change	00 May Be d to Fees	
The above GNATURE _ This corporate for the corp	s named entity submits this statement to Signature, typed or printed name of registered agent or attion is eligible to satisfy its Intangible requirement and elects to do so. ria on back) OFFICERS AND OFFICERS	and title if applicable. (NO FILE NOW After May 1, 2 Make Check Paye DIRECTORS Delete	Its registered office or registered Agent signature requirement of the state of the	uireo when reinstating) 10. Election Campaign Fine Trust Fund Contribution	DATE ancing \$5.0 Adde CERS AND DIRECTOF Change	OO May Be d to Fees SS IN 11 Addition Addition	
The above GNATURE _ This corpc Tax filing r (See criter . LE ME ME REET ADDRESS	s named entity submits this statement to Signature, typed or printed name of registered agent or attion is eligible to satisfy its Intangible requirement and elects to do so. ria on back) OFFICERS AND OFFICERS	After May 1, 2 Make Check Paye DIRECTORS Delete Delete	Its registered office or registered Agent signature requirements of the second of the	uireo when reinstating) 10. Election Campaign Fine Trust Fund Contribution	DATE ancing \$5.0 Adde CERS AND DIRECTOF Change	OO May Be d to Fees SIN 11 Addition	