

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P38423

**Entity Name:** DAIKIN APPLIED AMERICAS INC.

**Current Principal Place of Business:**

9920 CORPORATE CAMPUS DRIVE  
SUITE 2200  
LOUISVILLE, KY 40223-5000

**Current Mailing Address:**

9920 CORPORATE CAMPUS DRIVE  
SUITE 2200  
LOUISVILLE, KY 40223-5000 US

**FEI Number:** 41-0404230

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Certificate of Status Desired:** No

*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            PRESIDENT, CEO, DIRECTOR  
Name            TAKAGI, KATSUHIKO  
Address        13600 INDUSTRIAL PARK BLVD.  
City-State-Zip: MINNEAPOLIS MN 55441

Title            VP  
Name            SCHWARTZ, MICHAEL G.  
Address        13600 INDUSTRIAL PARK BLVD.  
City-State-Zip: MINNEAPOLIS MN 55441

Title            SECRETARY  
Name            MATEIKIS, WILLIAM  
Address        13600 INDUSTRIAL PARK BLVD.  
City-State-Zip: MINNEAPOLIS MN 55441

Title            TREASURER  
Name            PEDERSON, RONALD J  
Address        9920 CORPORATE CAMPUS DRIVE  
                 SUITE 2200  
City-State-Zip: LOUISVILLE KY 40223-5000

Title            ASST. SECRETARY  
Name            JOHNSON, GERALD R.  
Address        13600 INDUSTRIAL PARK BLVD.  
City-State-Zip: MINNEAPOLIS MN 55441

Title            CONTROLLER  
Name            JACOBY, CLAYTON J.  
Address        9920 CORPORATE CAMPUS DRIVE  
                 SUITE 2200  
City-State-Zip: LOUISVILLE KY 40223-5000

*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:** WILLIAM MATEIKIS

**SECRETARY**

**04/04/2014**

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

\_\_\_\_\_  
Date