

**2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# V24901

**FILED**  
**Feb 29, 2016**  
**Secretary of State**  
**CC8375340398**

**Entity Name:** CONTROL SOLUTIONS INTERNATIONAL, INC.

**Current Principal Place of Business:**

400 WEST CUMMINGS PARK  
SUITE 1725-310  
WOBURN, MA 01801

**Current Mailing Address:**

400 WEST CUMMINGS PARK  
SUITE 1725-310  
WOBURN, MA 01801 US

**FEI Number:** 65-0344734

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** AMY S. ZEIGLER

02/29/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, SECRETARY, EXECUTIVE CHAIRMAN  
Name FLOOD, BRENDAN  
Address 400 WEST CUMMINGS PARK SUITE 1725-310  
City-State-Zip: WOBURN MA 01801

Title PRESIDENT, CEO  
Name BRIAND, MATTHEW  
Address 400 WEST CUMMINGS PARK SUITE 1725-310  
City-State-Zip: WOBURN MA 01801

Title VP  
Name BLAISE, KARYN  
Address 400 WEST CUMMINGS PARK SUITE 1725-310  
City-State-Zip: WOBURN MA 01801

Title TREASURER  
Name FAIMAN, DAVID  
Address 400 WEST CUMMINGS PARK SUITE 1725-310  
City-State-Zip: WOBURN MA 01801

Title EXECUTIVE VP  
Name MINTON, DARREN  
Address 400 WEST CUMMINGS PARK SUITE 1725-310  
City-State-Zip: WOBURN MA 01801

Title CONTROLLER  
Name KOUTSIVITIS, NICK  
Address 400 WEST CUMMINGS PARK SUITE 1725-310  
City-State-Zip: WOBURN MA 01801

Title SENIOR VP  
Name PEARSON, WADE  
Address 400 WEST CUMMINGS PARK SUITE 1725-310  
City-State-Zip: WOBURN MA 01801

*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:** BRENDAN FLOOD

**SECRETARY**

02/29/2016

Electronic Signature of Signing Officer/Director Detail

Date