

1.) CORPORATION NAME:

**Schneider Electric Buildings Critical Systems, Inc.**

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1784646**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8989 HERRMANN DRIVE  
STE 300

CITY/ST/ZIP: COLUMBIA, MD 21045

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	WILLIAM RYAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	8989 HERRMANN DR STE 300		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21045		

NAME:	JOHN C COLLINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8989 HERRMANN DR STE 300		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21045		

NAME:	JENNIFER DABROWSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8989 HERMANN DRIVE STE 300		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21045		

NAME:	JUSTIN LAVOIE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8989 HERRMANN DR STE 300		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21045		

NAME:	JIM SANDELIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8989 HERMANN DRIVE STE 300		
CITY/ST/ZIP/CO:	COLUMBIA, MD 21045		

NAME: Michael Lane TITLE: VICE PRESIDENT ADDRESS: 8989 Herrmann Dr Ste 300 CITY/ST/ZIP/CO: Columbia, MD 21045	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: John Fouser TITLE: DIRECTOR ADDRESS: 15607 Dawn Crest CITY/ST/ZIP/CO: San Antonio, TX 78248	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Steven Coryell TITLE: DIRECTOR ADDRESS: 11502 E 49er Fairway Lane CITY/ST/ZIP/CO: Tucson, AZ 84749	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Al Edmonds TITLE: DIRECTOR ADDRESS: 6508 Burke Woods Dr CITY/ST/ZIP/CO: Burke, VA 22015	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Brian Dilley TITLE: DIRECTOR ADDRESS: 7410 Severn St CITY/ST/ZIP/CO: Fulton, MD 20759	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ WILLIAM RYAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM RYAN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/15/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		