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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEW HAMPSHIRE HOSPITAL

Lori A. Weaver
Commissioner

Ellen M. Lapointe
Chief Executive Officer

36 CLINTON STREET, CONCORD, NH 03301
603-271-5300 1-800-852-3345 Ext. 5300
Fax: 603-271-5395 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

October 22, 2025

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, New Hampshire Hospital, to enter into a **Sole Source** amendment to an existing contract with Johnson Controls, Inc. (VC #177721), Milwaukee, WI, to extend the Ten (10) Year Warranties for two (2) YORK YMC2 Water-Cooled Magnetic Bearing Centrifugal Chillers (temperature control systems) installed at New Hampshire Hospital, by increasing the price limitation by $8,500 from $87,449 to $95,949 and by extending the completion date from June 30, 2026 to June 30, 2027, effective upon Governor and Council approval. 72% General Funds. 28% Other Funds (Provider Fees).

The original contract was approved by Governor and Council on April 5, 2017, item #9.

Funds are available in the following account for State Fiscal Year 2026, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-94-940030-52670000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, CHILLER AND ASSOCIATED COMPONENTS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2017	034-500162	Capital Projects	94024000	$87,449	$0	$87,449
			Subtotal	$87,449	$0	$87,449

05-95-94-940010-84100000 HEALTH & SOCIAL SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, HHS: NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, NHH FACILITY/PATIENT SUPPORT

State Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increased (Decreased) Amount	Revised Budget
2026	048-500226	Contract Repairs; Bldg & Grnds	94024000	$0	$8,500	$8,500
			Subtotal	$0	$8,500	$8,500

			Total	**$87,449**	**$8,500**	**$95,949**

EXPLANATION

This request is **Sole Source** because MOP 150 requires agreements originally approved as sole source to be identified as sole source. The Contractor is the manufacturer of the YORK YMC2 Water-Cooled Magnetic Bearing Centrifugal Chillers.

The purpose of this request is to extend the Ten (10) Year Warranties for the Centrifugal Chillers for one (1) additional year to maintain extended warranty coverage to prevent Department costs associated with extensive repairs and/or replacement of the two (2) chiller(s) in the event of serious equipment malfunction or catastrophic failure. The extended warranties include parts and labor performed by the Contractor's factory-trained and factory-employed service technicians; refrigerant coverage including recovery service and replacement refrigerant; one (1) on-site service visit per year; and the cost of a rental due to defective workmanship and materials or repairs not completed by the Contractor within ten (10) days. Additionally, through this request, the end dates of this contract and the Department's Inspection and Preventative Maintenance contract for the chillers will align. The Department plans to reprocure for preventative maintenance services, inclusive of all warranty services, in 2026.

The Joint Commission requires New Hampshire Hospital to maintain a proper "Environment of Care" for patients at all times. The warranty services are required in order to ensure proper maintenance and functionality of the centrifugal chillers.

The Department will continue monitoring services through observing the Contractor's activities while working onsite at New Hampshire Hospital.

Should the Governor and Council not authorize this request, the Department will not have extended warranty coverage on the chiller systems after June 30, 2026. Failure or unanticipated operating problems with the chiller systems may result in delayed response time to restore the chillers to normal operation at increased costs. In the warm-weather months, patient care areas and units may become extremely hot. This type of environment would violate the Joint Commission's standard "Environment of Care.

The Department has determined that the Contractor is in good standing with the Secretary of State's Office, has secured the required levels of insurance, and has provided evidence of authority to execute and be bound by the contract.

Area served: New Hampshire Hospital.

Respectfully submitted,

For

Lori A. Weaver
Commissioner

State of New Hampshire
Department of Health and Human Services
Amendment #1

This Amendment to the Chillers Extended 10-Year Warranties contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Johnson Controls, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on April 5, 2017 (Item #9), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37, General Provisions, Block 1.7., Completion Date, to read:

   June 30, 2027

2. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:

   $95,949

3. Form P-37, General Provisions, Block 1.9., Contracting Officer for State Agency, to read:

   Robert W. Moore, Director

4. Modify Exhibit B, Method and Conditions Precedent to Payment, Section 2, to read:

   2. Payment for services shall be made as follows:

      2.1 The Contractor shall submit one (1) invoice in an amount not to exceed $87,449 upon the effective date of this agreement. The State shall make payment to the Contractor within thirty (30) days of receipt of invoice for Contractor services provided pursuant to this agreement.

      2.2 The Contractor shall submit one (1) invoice in an amount not to exceed $8,500 for a one (1) Year extension to the Ten (10) Year Extended Warranties upon the effective date of this Amendment #1. The State shall make payment to the Contractor within thirty (30) days of receipt of invoice for Contractor services provided pursuant to this agreement.

      2.3 The invoices shall clearly identify the amount requested for reimbursement in accordance with Exhibit A, Scope of Services and Exhibit B-1 – Amendment #1, Warranty Pricing Plan, which is attached hereto and incorporated by reference herein.

5. Modify Exhibit B-1, Warranty Pricing Plan, by replacing it in its entirety with Exhibit B-1 – Amendment #1, Warranty Pricing Plan, which is attached hereto and incorporated by reference herein

6. Modify Exhibit C-1, Revisions to General Provisions, by adding Section 3, to read:

   3. Form P-37, General Provisions, Section 6, Compliance by Contractor with Laws and Regulations/Equal Employment Opportunity, Subparagraph 6.1 is modified to read:

      6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, RSA 151:21 Patients' Bill of Rights, civil rights and equal employment opportunity laws, and the Governor's order on Respect and Civility in the Workplace, Executive Order 2020-01. In addition, if this Agreement is funded in any part by monies

of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

All terms and conditions of the Contract not modified by this Amendment remain in full force and effect. This Amendment shall be effective upon Governor and Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12/22/2025
Date

DocuSigned by:
Ellen Lapointe
Name: Ellen Lapointe
Title: Chief Executive Officer

Johnson Controls, Inc.

12/16/25
Date

Name: Richard J. Dancy
Title: Vice President

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

12/23/2025
Date

DocuSigned by:
Robyn Guarino
Name: Robyn Guarino
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Warranty Pricing Plan

Two (2) YORK YMC2 Water-Cooled Magnetic Bearing Centrifugal Chillers

Ten (10) Year Warranty – Effective through June 30, 2026

Service Description	Unit Price		Total Price
Parts & Labor	$26,075.00		$52,150.00
Refrigerant	$7,500.00		$15,000.00
Annual Maintenance	N/A		$20,299.00
		Subtotal	$87,449.00

One (1) Year Extension to the Ten (10) Year Warranty
Effective July 1, 2026, through June 30, 2027

Service Description	Unit Price		Total Price
Parts & Labor	Both Chillers		Included
Refrigerant	Both Chillers		Included
Annual Maintenance	N/A		N/A
		Subtotal	$8,500.00
		TOTAL	$95,949.00

State of New Hampshire
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that JOHNSON CONTROLS, INC. is a Wisconsin Profit Corporation registered to transact business in New Hampshire on January 02, 1958. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **2045**
Certificate Number: **0007315195**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 20th day of October A.D. 2025.

David M. Scanlan
Secretary of State

Johnson Controls

OFFICER'S CERTIFICATE

I, Daniel C. McConeghy, President of Johnson Controls, Inc, a Wisconsin corporation (herein called the "Company"), hereby certify that:

1. The name of the Company is Johnson Controls, Inc.
2. The Registered Address of the Company is c/o CT Corporation System, 301 S. Bedford Street, Suite 1, Madison, WI 53703.
3. The Wisconsin state registration number assigned to the Company is 1J03577.
4. The individuals listed below hold positions with the Company opposite their respective names.

Name	Officers
Daniel C. McConeghy	President
Christopher E. Osborne	Secretary
Joseph Cyril Hogan	Vice President & Assistant Secretary
Todd Grabowski	Vice President
Colleen Glowacki	Vice President & Assistant Treasurer
Lei Schlitz	Vice President
Pieter Lens	Vice President, Assistant Secretary, Treasurer
Richard J. Dancy	Vice President & Assistant Secretary
Steven W. Keane	Vice President & Assistant Secretary

5. Amended Bylaws adopted July 14, 2017, as amended, Section 5.01 states in part that: Any officer or officers, or agent or agents, can enter into any contract or execute or deliver any instrument in the name of and on behalf of the corporation, and such authorization may be general or confined to specific instances. In the absence of other designation, all deeds, mortgages, bonds, stock certificates, contracts, leases, reports made by the corporation shall be executed in the name of the corporation by President or Vice President.
6. In accordance with the attached Delegation of Authority (DOA) outlined and issued to Shea Mccarthy, Mr. Mccarthy is duly authorized on behalf of Johnson Controls, Inc. to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and is further authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions or modifications thereto, which may in his/her judgment be desirable or necessary in accordance with and to effect the purpose of the DOA.

   This authority has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority was **valid thirty (30) days prior to and remains valid for thirty (30) days** from the date of this Officer's Certificate. I further certify that it is understood that the State of New Hampshire will rely on the DOA/this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

IN WITNESS WHEREOF, I have set my hand on this 16th day of December, 2025.

Daniel C. McConeghy

Docusign Envelope ID: 3F08D0D1-F003-4410-8DF9-0DF564180B80

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/22/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	Chad Mannella		
Marsh USA Inc. 540 West Madison Street Suite 1200 Chicago, IL 60661	PHONE (A/C, No, Ext):	(866) 968-4664	FAX (A/C, No):	(212) 948-5167
	E-MAIL ADDRESS:	JCI.CertRequest@marsh.com		

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	OLD REPUBLIC INSURANCE CO	24147
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Johnson Controls US Holdings, Inc.
Johnson Controls, Inc.
Johnson Controls Fire Protections LP
Johnson Controls Security Solutions LLC (see attached Acord 101)
5757 North Green Bay Avenue
Milwaukee, WI 53209

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☒ COMMERCIAL GENERAL LIABILITY			MWZY 313947 25	10/01/2025	10/01/2026	EACH OCCURENCE	$1,000,000
	☐ CLAIMS MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
	☒ CONTRACTUAL LIABILITY						MED EXP (Any one person)	$50,000
	☒ XCU Included						PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$1,000,000
	☒ POLICY ☐ PROJECT ☐ LOC						PRODUCTS - COMP/OP AGG	INC IN GEN AGG
	☐ OTHER							
A	AUTOMOBILE LIABILITY			MWTB 313946-25 (Excludes NH)	10/01/2025	10/01/2026	COMBINED SINGLE LIMIT (Ea Accident)	$1,000,000
A	☒ ANY AUTO			MWTB 313949-25 (Primary NH $250k)	10/01/2025	10/01/2026	BODILY INJURY (Per person)	
A	☐ OWNED AUTOS ONLY			MWZX 313950-25 (Excess NH $750K)	10/01/2025	10/01/2026	BODILY INJURY (Per accident)	
	☐ SCHEDULED AUTOS ONLY			Excess NH Auto is follow form to			PROPERTY DAMAGE (Per accident)	
	☐ HIRED AUTOS ONLY			Primary NH Auto				
	☐ NON-OWNED AUTOS ONLY							
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	
	☐ DED ☐ RETENTION $							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A		MWC 313943 25 (AOS – See Pg 2)	10/01/2025	10/01/2026	☒ PER STATUTE ☐ OTH-ER	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N			MWXS 313944 25 (OH & WA)	10/01/2025	10/01/2026	E.L. EACH ACCIDENT	$1,000,000
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

JCI / Tyco Contract Number:
JCI / Tyco Project Name:
Customer PO Number:

CERTIFICATE HOLDER

State of NH
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.
by Julie Neisen

Julie Neisen

ACORD 25 (2016/03)

AGENCY CUSTOMER ID: _____

LOC#: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Marsh USA Inc.	Johnson Controls US Holdings, Inc. Johnson Controls, Inc. Johnson Controls Fire Protection LP Johnson Controls Security Solutions LLC 5757 North Green Bay Avenue Milwaukee, WI 53209
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE: 10/01/2025

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 (2016/03) FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

WORKERS COMPENSATION:
Workers Compensation "AOS" Policy includes coverage for employees from the following States WHILE WORKING IN ANY STATE:AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, & WV.

PRIMARY COVERAGE:
The General Liability and Automobile Liability policies are primary and not excess of or contributing with other insurance or self-insurance, where required by written lease or written contract. For General Liability, this applies to both ongoing and completed operations.

WAIVER OF SUBROGATION:
The General Liability, Automobile Liability, Workers' Compensation and Employers Liability policies include a Waiver of Subrogation in favor of the certholder and any other person or organization, BUT ONLY to the extent required by written contract.

ADDITIONAL INSURED – AUTOMOBILE LIABILITY:
The Automobile Liability policy, if required by written contract, includes coverage for Additional Insureds as required by such written contract.

ADDITIONAL INSURED – GENERAL LIABILITY:
For General Liability, if required by written contract, the following are included as additional insureds, as required pursuant to a written contract with a named insured, per attached Policy Endorsements A2 and A2A: THE CERTIFICATE HOLDER LISTED ON THIS CERTIFICATE OF LIABILITY INSURANCE, AND EACH OTHER PERSON OR ORGANIZATION REQUIRED TO BE INCLUDED AS AN ADDITIONAL INSURED PURSUANT TO A WRITTEN CONTRACT WITH THE NAMED INSURED.

SCHEDULE FOR POLICY ENDORSEMENTS A2 AND A2A
Name of Additional Insured Person(s) or Organization(s):
If required by contract, the person or organization listed on the certificate of insurance as additional insured, and each other person or organization required to be included as an additional insured pursuant to a contract with a named insured.

Location(s) of Covered Operations:
As required by contract.

POLICY ENDORSEMENT A2
ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – NAMED INSURED'S ACTS OR OMISSIONS ONLY

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused solely by:
   1. Your acts or omissions; or
   2. The acts or omissions of those acting on your behalf;

   in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:
   The insurance does not apply to "bodily injury" or "property damage" occurring after:
   1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
   2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

POLICY ENDORSEMENT A2A
ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS – NAMED INSURED'S ACTS OR OMISSIONS ONLY
Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused solely by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

ONGOING OPERATIONS AND COMPLETED OPERATIONS INSURANCE
The General Liability Insurance includes insurance for ongoing operations and completed operations.

LIMIT OF LIABILITY:
The Liability Limit that applies is the amount indicated on the face of this Certificate of Liability Insurance, or the minimum Liability limit that is required by the written contract, whichever is less. If there is no contract then the Liability Limit is limited to $1,000,000.

NOTICE OF CANCELLATION TO CERTIFICATE HOLDERS:
Should any of the above described policies be cancelled, other than for non-payment, before the expiration date thereof, 30 days advice of cancellation will be delivered to certificate holders in accordance with the policy endorsements

AGENCY CUSTOMER ID: _____

LOC#: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Marsh USA Inc.	Johnson Controls US Holdings, Inc. Johnson Controls, Inc. Johnson Controls Fire Protection LP. Johnson Controls Security Solutions LLC 5757 North Green Bay Avenue Milwaukee, WI 53209
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE: 10/01/2025

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 (2016/03) FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

NAMED INSURED:

Named Insureds include: Central Sprinkler LLC; Chemguard, Inc.; Connect 24 Wireless Communications Inc.; Exacq Technologies, Inc.; FM:Systems Europe Limited; FM:Systems Group LLC; Grinnell LLC; Haz-Tank Fabricators, Inc.; Integrated Systems and Power, Inc.; Johnson Controls (Suisse) SA; Johnson Controls Air Conditioning and Refrigeration, LLC.; Johnson Controls Building Automation Systems, LLC; Johnson Controls Building Solutions, LLC; Johnson Controls Capital LLC; Johnson Controls Federal Systems, LLC; Johnson Controls Fire Protection LP; Johnson Controls Foundation, Inc.; Johnson Controls Government Systems, LLC; Johnson Controls, Inc.; Johnson Controls Navy Systems, LLC; Johnson Controls North America Products, LLC; Johnson Controls PI Project Site Operations LLC; Johnson Controls Security Solutions LLC; Johnson Controls US Holdings, Inc.; M&M Refrigeration, LLC; Master Protection, LP dba FireMaster; Qolsys, Inc.; Rescue Air Systems, Inc.; Retail Expert, Inc.; Security Enhancement Systems LLC; Sensormatic Electronics, LLC; Sensormatic USA LLC; ShopperTrak International Investment LLC; ShopperTrak RCT LLC; Silent-Aire USA Inc.; Silent-Aire Mission Critical Service LLC; Tyco Fire & Security LLC; Tyco Fire Products LP; Visonic Inc.; WillFire HC, LLC; York International (SA), Inc.; York International Corporation