

Purchase Change Request



Marshall University
Office of Purchasing
One John Marshall Drive
Huntington, WV 25755-4100

Order #
070121-JHN co7

FY 26	Buyer LL	Date 11/25/2025	Account	P.O. Date 07/01/2023	Contract 070121-JHN co7
Document <input type="checkbox"/> Requisition (Cancellation only) <input type="checkbox"/> Regular Purchase Order <input type="checkbox"/> Contract Purchase Order <input checked="" type="checkbox"/> Open End Contract Purchase <input type="checkbox"/> Agreement			Document Action <input type="checkbox"/> Cancellation <input type="checkbox"/> Increase/Decrease <input type="checkbox"/> Unused Balance <input type="checkbox"/> Freight <input type="checkbox"/> Renewal <input type="checkbox"/> Extension Error	<input type="checkbox"/> Error in Total Amount <input type="checkbox"/> Change of Account <input checked="" type="checkbox"/> Change of Vendor Name/Address <input type="checkbox"/> Other	
Vendor Name, Address, Phone #, etc.			Vendor Code VC0000160866		
Johnson Controls Building Solutions LLC 5757 N Green Bay Ave Glendale, WI 53209			BOG Unit Name & Address Marshall University Office of Purchasing One John Marshall Drive Huntington, WV 25755-4100		
Ph# 304-755-4353		Fax	FEIN# 832862704		

Item#	Quantity	Description of Change	Unit Price	Extended Price
		Change Order # <u>7</u> Sourcewell Contract 070121-JHN for HVAC Systems and Related Services To make the following changes all in accordance with the same terms and conditions, prices, and specifications contained in the original contract and all authorized change orders. 1. To amend Vendor's name and FEIN effective January 1, 2026, as follows: Vendor Name and FEIN changed from: Johnson Controls Inc. FEIN: 39-0380010 To read as: Johnson Controls Building Solutions LLC FEIN: 83-2862704 Effective Date(s): October 1, 2025 to September 30, 2026. Vendor Contact: Harry Main 304-741-0587 Harry.B.main@jci.com		

Reason for Change: 1. To amend Vendor's name and FEIN as follows: Vendor Name and FEIN changed from: Johnson Controls Inc. FEIN: 39-0380010 To read as: Johnson Controls Building Solutions LLC FEIN: 83-2862704	Previous Total	\$ Open-end
	Increase	\$ -
	Decrease	\$ -
	New Total	\$ Open-end

Approved:

Authorized Signature

1.6.2026

Date

N/A

Attorney General if required

Date

Certificate of Foreign Person's Claim That Income Is Effectively Connected With the Conduct of a Trade or Business in the United States

► Section references are to the Internal Revenue Code.

► Go to www.irs.gov/FormW8ECI for instructions and the latest information.

► Give this form to the withholding agent or payer. Do not send to the IRS.

Note: Persons submitting this form must file an annual U.S. income tax return to report income claimed to be effectively connected with a U.S. trade or business. See instructions.

Do not use this form for:

- A beneficial owner solely claiming foreign status or treaty benefits W-8BEN or W-8BEN-E
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) W-8EXP
- Note:** These entities should use Form W-8ECI if they received effectively connected income and are not eligible to claim an exemption for chapter 3 or 4 purposes on Form W-8EXP.
- A foreign partnership or a foreign trust (unless claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States) W-8BEN-E or W-8IMY
- A person acting as an intermediary W-8IMY

Note: See instructions for additional exceptions.**Instead, use Form:**

W-8BEN or W-8BEN-E

W-8EXP

W-8BEN-E or W-8IMY

W-8IMY

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual or organization that is the beneficial owner Tyco Technology GmbH	2 Country of incorporation or organization Switzerland
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3 Name of disregarded entity receiving the payments (if applicable) Johnson Controls Building Solutions LLC (disregarded entity with EIN 83-2862704)
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4 Type of entity (check the appropriate box): <table style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Simple trust</td> <td><input type="checkbox"/> Complex trust</td> <td><input type="checkbox"/> Tax-exempt organization</td> </tr> <tr> <td><input type="checkbox"/> Foreign Government - Controlled Entity</td> <td><input type="checkbox"/> Grantor trust</td> <td><input type="checkbox"/> Central bank of issue</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Foreign Government - Integral Part</td> <td><input type="checkbox"/> International organization</td> <td><input checked="" type="checkbox"/> Corporation</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Private foundation</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> Estate</td> <td></td> </tr> </table>	<input type="checkbox"/> Partnership	<input type="checkbox"/> Simple trust	<input type="checkbox"/> Complex trust	<input type="checkbox"/> Tax-exempt organization	<input type="checkbox"/> Foreign Government - Controlled Entity	<input type="checkbox"/> Grantor trust	<input type="checkbox"/> Central bank of issue		<input type="checkbox"/> Foreign Government - Integral Part	<input type="checkbox"/> International organization	<input checked="" type="checkbox"/> Corporation		<input type="checkbox"/> Private foundation	<input type="checkbox"/> Individual	<input type="checkbox"/> Estate	
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<input type="checkbox"/> Foreign Government - Integral Part	<input type="checkbox"/> International organization	<input checked="" type="checkbox"/> Corporation														
<input type="checkbox"/> Private foundation	<input type="checkbox"/> Individual	<input type="checkbox"/> Estate														

5 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. Victor-von-Brunns Strasse 21

City or town, state or province. Include postal code where appropriate. Neuhausen am Rheinfall, Schaffhausen (de) 8120	Country Switzerland
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6 Business address in the United States (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. 5757 N Green Bay Ave Attn: Tax Dept X-81

City or town, state, and ZIP code Glendale, WI 53209
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7 U.S. taxpayer identification number (required—see instructions)	<input type="checkbox"/> SSN or ITIN	<input checked="" type="checkbox"/> EIN	98-1647226
8a Foreign tax identifying number (FTIN)	8b Check if FTIN not legally required <input type="checkbox"/>		
9 Reference number(s) (see instructions)	10 Date of birth (MM-DD-YYYY)		

11 Specify each item of income that is, or is expected to be, received from the payer that is effectively connected with the conduct of a trade or business in the United States (attach statement if necessary). Income from sources within the United States that is attributable to a US permanent establishment under Article 7 of the United States - Switzerland Tax Treaty, including income from goods and services.

12 Check here to certify that: you are a dealer in securities (as defined in section 475(c)(1)); you are a transferor of an interest in a publicly traded partnership (PTP) claiming an exception from withholding under Regulations section 1.1446(f)-4(b)(6); and any gain from the transfer of the PTP interest associated with this form is effectively connected with the conduct of a trade or business within the United States without regard to section 864(c)(8). <input type="checkbox"/>
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Part II Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or I am authorized to sign for the beneficial owner) of all the payments to which this form relates,
- The amounts for which this certification is provided are effectively connected with the conduct of a trade or business in the United States,
- The income for which this form was provided is includible in my gross income (or the beneficial owner's gross income) for the taxable year, **and**
- The beneficial owner is not a U.S. person.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the payments of which I am the beneficial owner or any withholding agent that can disburse or make payments of the amounts of which I am the beneficial owner.

I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

I certify that I have the capacity to sign for the person identified on line 1 of this form.

Signature of beneficial owner (or individual authorized to sign for the beneficial owner)

Daniel C. McConeghy

4/7/2025

Print name

Date (MM-DD-YYYY)

January 2026

Clarification of Johnson Controls Building Solutions, LLC's Form W-8ECI

Dear Customer:

We provide this letter to inform you about an important change regarding the tax forms to be provided in connection with the payments you make for goods and services. You previously received a Form W-9 by Johnson Controls, Inc.. However, pursuant to a broader business initiative, we are centralizing contracts and accounts to a new business entity called Johnson Controls Building Solutions, LLC (the Company).

The Company is a Delaware limited liability company that earns income subject to U.S. tax. Like the current Johnson Controls, Inc. structure, you can make payments to Johnson Controls Building Solutions, LLC for products and services. You do not have to withhold tax.

For U.S. tax purposes, the Company is a single member LLC owned by a Swiss company in the Johnson Controls family (Tyco Technology GmbH). Therefore, the Company must now provide to you a Form W-8ECI instead of a Form W-9 to support the above noted withholding tax result.

Understanding Form W-8ECI:

The Form W-8ECI certifies that the income earned by the Company is taxed in the United States. This form ensures that you are not required to withhold tax on payments made to us, like the previous arrangement under Form W-9. The language below is taken directly from the Form W-8ECI instructions.

Who Must Provide Form W-8ECI

Source: <https://www.irs.gov/pub/irs-pdf/fw8eci.pdf>

You must give Form W-8ECI to the withholding agent or payer if you are a foreign person and you are the beneficial owner of U.S. source income that is (or is deemed to be) effectively connected with the conduct of a trade or business within the United States or are an entity (including a foreign partnership or foreign trust) engaged in a U.S. trade or business submitting this form on behalf of your owners, partners, or beneficiaries.

Provide Form W-8ECI to the withholding agent or payer before income is paid, credited, or allocated to you.

Implications for your reporting:

1. As you make payments to Johnson Controls Building Solutions, LLC, and if a 1042-S is required, then please ensure the 1042-S is issued to Tyco Technology GmbH.
2. Payments made to the Company are not subject to either IRS backup withholding or non-resident alien (NRA) withholding. This means you are not required to withhold any portion of the payment for tax purposes.

Additional Guidance:

You may have noticed that the Form W-8ECI lists the name of Tyco Technology GmbH on line 1 and its corresponding EIN (98-1647226). Johnson Controls Building Solutions, LLC is listed on line 2 of the Form (as directed by the IRS). For cross-reference purposes within your AP systems, we have also listed the Company's EIN (83-2862704) on line 2 of the Form W-8ECI.

Please note that the address listed on the Form W-8ECI line 6 represents the formal location of the Company's operational address and office.

If you have further questions, please consult your corporate tax team to ensure compliance with these requirements.

Delaware

Page 1

The First State

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "JOHNSON CONTROLS
DIGITAL SOLUTIONS, LLC", CHANGING ITS NAME FROM "JOHNSON
CONTROLS DIGITAL SOLUTIONS, LLC" TO "JOHNSON CONTROLS BUILDING
SOLUTIONS, LLC", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF
DECEMBER, A.D. 2024, AT 10:33 O'CLOCK A.M.*



7181584 8100
SR# 20244531424

You may verify this certificate online at corp.delaware.gov/authver.shtml



A handwritten signature of Jeffrey W. Bullock in black ink, followed by a horizontal line and the text "Jeffrey W. Bullock, Secretary of State".

Authentication: 205171814
Date: 12-18-24

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF CERTIFICATE OF FORMATION

The undersigned authorized person, desiring to amend the limited liability company formation pursuant to Section 18-202 of the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Johnson Controls Digital Solutions, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is: Johnson Controls Building Solutions, LLC

By: 
Authorized Person

Name: Richard J. Dancy, Vice President
Print or Type

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:33 AM 12/18/2024
FILED 10:33 AM 12/18/2024
SR 20244531424 - File Number 7181584

 **Department of the Treasury
Internal Revenue Service
7940 Kentucky dr
Florence, KY, 41042**

In reply refer to: 0236294038
2/11/2025 LTR 147C

JOHNSON CONTROLS BUILDING SOLUTIONS LLC
% JOHNSON CONTROLS INC SOLE MBR
5757 N GREEN BAY AVE NUM X81
MILWAUKEE, WI 53209-4408-573

Employer Identification Number: 83-2862704

Dear Taxpayer:

Thank you for your inquiry of 2/11/2025.

Your Employer Identification Number (EIN) is 83-2862704.

Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, you can call 800-829-0115. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,
Ms. Leonard
1003275692
Large Corp Tax Examiner

Vendor/Customer	Legal Name	Alias/DBA	Vendor Active Status	Customer Active Status	Previous Name
✓ VC0000160866	JOHNSON CONTROLS BUILDING SOLUTIONS LLC		Active	Inactive	

From 1 to 1 of 1 First Prev Next Last [Attachments](#)Save [Undo](#) [Delete](#) [Insert](#) [Copy](#) [Paste](#) [Search](#)  **▼ General Info**

Vendor/Customer :	VC0000160866	Restrict Use by Department :	<input type="checkbox"/>
Legal Name :	JOHNSON CONTROLS BUIL	Miscellaneous Account :	<input type="checkbox"/>
Alias/DBA :		Internal Account :	<input type="checkbox"/>
Vendor Active Status :	Active 	Third Party Only :	<input type="checkbox"/>
Vendor Approval Status :	Complete	Third Party Vendor :	<input type="checkbox"/>
Customer Active Status :	Inactive 	Third Party Customer :	<input type="checkbox"/>
Customer Approval Status :	Incomplete	Inventory Customer :	<input type="checkbox"/>
Location Name :		Healthcare Provider :	<input type="checkbox"/>
First Name :		Never Archive :	<input type="checkbox"/>
Middle Name :		Restrict VSS Access :	No 
Last Name :		Discontinue - No New Business :	<input type="checkbox"/>
Company Name :	JOHNSON CONTROLS BUIL	Prevent MA Reference :	<input type="checkbox"/>
Previous Name :		PunchOut Enabled :	<input type="checkbox"/>
Previous Street :		Re-PunchOut Enabled :	<input type="checkbox"/>
Previous City :		Electronic Order Enabled :	<input type="checkbox"/>
Previous State/Province :		W-9 Received :	<input type="checkbox"/>
Previous Country :		W-9 Received Date :	<input type="text" value="12/18/2025"/> 
		W-8 Received :	<input type="checkbox"/>
		W-8 Received Date :	<input type="text" value="12/18/2025"/> 
		Accepts Credit Cards :	<input type="checkbox"/>
		Active From :	12/18/2025 
		Active To :	<input type="text" value="12/18/2025"/> 
		Last Usage Date :	12/18/2025
		Department :	
		Unit :	

► Headquarters**► Organization****► Disbursement Options****► Prenote/EFT****► Remittance Advice****► Vendor Terms****► Accounts Receivable****► eMALL****► Location Information****► Fee and Vendor Compliance Holds**

Fee Exempt :	<input type="checkbox"/>	Tax Clearance :	<input type="checkbox"/>
Registration Application Date :	<input type="text"/> 	Unemployment Insurance :	<input type="checkbox"/>
Registration Effective Date :	<input type="text"/>	Worker's Compensation :	<input type="checkbox"/>
Registration Expiration Date :	<input type="text"/>	Secretary of State Registration :	<input type="checkbox"/>
Pre-Registration Code :		Federal Debarred :	<input type="checkbox"/>

► Executive Compensation**► Additional Information****► Travel****► Change Management**[Top](#)CREATE DOCUMENT> [Create New Record](#) [Modify Existing Record](#)UPDATE> [Headquarters](#) [Add 1099 Information Entry](#) [Add 1042-S Reporting Information Entry](#) [Vendor Business Types By Commodity](#)SEARCH BY> [Master Contacts](#) [Master Addresses](#) [Vendor Commodity](#) [Vendor Addresses](#) [Vendor Business Types](#) [Vendor Service Areas](#) [VCM Query](#) [Historical Vendor Information](#)[Vendor Notes](#)[Vendor Transaction History](#)