

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90383 011 \*\*\*150.00

**DOCUMENT # F01000000106**



1. Entity Name  
**J.H. ELECTRIC OF NEW YORK, INC.**

Principal Place of Business  
**ONE DETROIT ROAD  
HUNTINGTON STATION NY 11746**

Mailing Address  
**ONE DETROIT ROAD  
HUNTINGTON STATION NY 11746**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **11-3033154**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERRICK, SYDELL  
625 OCEAN BEACH  
GOLDEN BEACH FL 33160-2217**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John M. Herrick*

DATE **1/28/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	HERRICK, RAINA	
STREET ADDRESS	ONE DETROIT ROAD	
CITY-ST-ZIP	HUNTINGTON STATION NY 11746	
TITLE	V	<input type="checkbox"/> Delete
NAME	HERRICK, JOHN M	
STREET ADDRESS	ONE DETROIT ROAD	
CITY-ST-ZIP	HUNTINGTON STATION NY 11746	
TITLE	S	<input type="checkbox"/> Delete
NAME	BIEDERMAN, JOAN.	
STREET ADDRESS	ONE DETROIT ROAD	
CITY-ST-ZIP	HUNTINGTON STATION NY 11746	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EDWIN, RIEKERT	
STREET ADDRESS	ONE DETROIT ROAD	
CITY-ST-ZIP	HUNTINGTON STATION NY 11746	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CANNATA, MARK	
STREET ADDRESS	ONE DETROIT ROAD	
CITY-ST-ZIP	HUNTINGTON STATION NY 11746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John M. Herrick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John M. Herrick, V.P.** **1/28/03**

Date

Daytime Phone #

CR2E034 (10/02)