

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

0667418 AB

04-14-2003 90373 018 ***150.00

DOCUMENT # F01000002180

1. Entity Name
THE POTOMAC GROUP & ASSOCIATES, INC.



Principal Place of Business
C/O SPX CORPORATION
700 TERRACE POINT DRIVE
MUSKEGON MI 49443

Mailing Address
C/O SPX CORPORATION
700 TERRACE POINT DRIVE
MUSKEGON MI 49443



2. Principal Place of Business
13515 Ballantyne Corporate Place
Charlotte, NC 28277

3. Mailing Address
13515 Ballantyne Corporate Place
Charlotte, NC 28277

CHECK HERE IF MAKING CHANGES

City & State
City & State
4. FEI Number **38-3514932**
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
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	V CROSS, ARTHUR R 700 TERRACE POINT DRIVE MUSKEGON MI 49443 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ronald Giza 13515 Ballantyne Corporate Place Charlotte, NC 28277 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KEARNEY, CHRISTOPHER J 700 TERRACE POINT DRIVE MUSKEGON MI 49443 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13515 Ballantyne Corporate Place Charlotte, NC 28277 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT O'LEARY, PATRICK J 700 TERRACE POINT DRIVE MUSKEGON MI 49443 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13515 Ballantyne Corporate Place Charlotte, NC 28277 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Ronald Giza* **RONALD GIZA** 4/2/03 **231-724-5774**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)