

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002345

FILED
Apr 07, 2010
Secretary of State

Entity Name: BABCOCK POWER SALES, INC.

Current Principal Place of Business:

5 NEPONSET ST.
WORCESTER, MA 01606

New Principal Place of Business:

Current Mailing Address:

5 NEPONSET ST.
WORCESTER, MA 01606

New Mailing Address:

FEI Number: 57-1142039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCED
Name: LECLAIR, MICHAEL D PCEOD
Address: 5 NEPONSET ST.
City-St-Zip: WORCESTER, MA 01606

Title: VPTD
Name: MASON, EARL B VPTD
Address: 5 NEPONSET ST.
City-St-Zip: WORCESTER, MA 01606

Title: VPSD
Name: FERGUSON, JR., WILLIAM J VPSD
Address: 5 NEPONSET ST.
City-St-Zip: WORCESTER, MA 01606

Title: ASTS
Name: ALEXANDER, DENNIS W ASTSEC
Address: 5 NEPONSET ST.
City-St-Zip: WORCESTER, MA 01606

Title: VPD
Name: BRANDANO, ANTHONY A
Address: 5 NEPONSET ST.
City-St-Zip: WORCESTER, MA 01606

Title: VP
Name: ABRAMS, RICHARD
Address: 5 NEPONSET ST.
City-St-Zip: WORCESTER, MA 01606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAURA LOUIS

POA

04/07/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date