

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003877

FILED
Jan 05, 2009
Secretary of State

Entity Name: MAXWELL SYSTEMS PENNSYLVANIA, INC.

Current Principal Place of Business:

1000 FIRST AVENUE, SUITE 200
KING OF PRUSSIA, PA 19406

New Principal Place of Business:

Current Mailing Address:

1000 FIRST AVENUE, SUITE 200
KING OF PRUSSIA, PA 19406

New Mailing Address:

FEI Number: 23-1723672 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: C () Delete
Name: ROSS, HOWARD
Address: 1000 FIRST AVENUE, SUITE 200
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: D () Delete
Name: BOYLE, CHUCK
Address: 1000 FIRST AVENUE
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: D () Delete
Name: RUETER, DAVE
Address: 1000 FIRST AVENUE, SUITE 200
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: P () Delete
Name: FLYNN, JAMES
Address: 1000 FIRST AVENUE, SUITE 200
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: V () Delete
Name: TOBIA, WILLIAM
Address: 1000 FIRST AVENUE, SUITE 200
City-St-Zip: KING OF PRUSSIA, PA 19406

Title: S () Delete
Name: STOTTS, LISANNA
Address: 1000 FIRST AVENUE, SUITE 200
City-St-Zip: KING OF PRUSSIA, PA 19406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LISANNA STOTTS

Electronic Signature of Signing Officer or Director

VP

01/05/2009

Date