

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 26, 2006 8:00 am  
Secretary of State

04-26-2006 90212 013 \*\*\*150.00

DOCUMENT # F040000006941	
1. Entity Name	
JOHN RYAN ELECTRIC CO., INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 61 RESERVOIR PARK DRIVE		3. Mailing Address 61 RESERVOIR PARK DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ROCKLAND, MA		City & State ROCKLAND, MA	
Zip 02370	Country PLYMOUTH	Zip 02370	Country PLYMOUTH

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3304788		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name JOHN S. RYAN			
Street Address (P.O. Box Number is Not Acceptable) 1801 CLACTON DRIVE			
City ORLANDO		Zip Code 32837	

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 \_\_\_\_\_ REGISTERED AGENT \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR JOHN S. RYAN 61 RESERVOIR PARK DR. ROCKLAND, MA 02370			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER EDWARD J. BURNS 36 MAGNOLIA DR. N. ATTLEBORO, MA 02760			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLERK JOSEPH MORRISSEY 72 DEERFIELD PATH MIDDLEBORO, MA 02346			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT JOHN H. WHITE 84 CENTRAL ST. ABINGTON, MA 02351			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

JOHN S. RYAN, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

781-681-9650

Daytime Phone #