

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F94000000901 1. Entity Name NWL TRANSFORMERS COMPANY	
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Principal Place of Business RISING SUN ROAD BORDENTOWN, NJ 08505	Mailing Address RISING SUN ROAD BORDENTOWN, NJ 08505
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DO NOT WRITE IN THIS SPACE



07072004 No Chg-P CR2E034 (10/03)

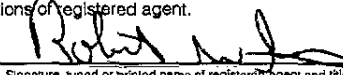
4. FEI Number 21-0671000	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SEITZ, ROBERT W 8050 MONETARY DRIVE RIVIERA BEACH, FL 33404
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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: _____

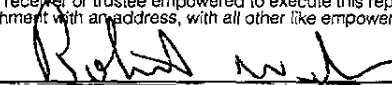
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEITZ, ROBERT 1171 EMERALD DR. RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEITZ, J. DAVID 46 HARBOURTON-WOODSVILLE RD PENNINGTON, NJ 08534
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	

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06/15/05-80001-014 558.75

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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)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ Daytime Phone #: _____