

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

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90034 021 \*\*\*150.00

DOCUMENT # **F990000001569**  
1. Entity Name  
**Mitsubshi Electric Power Products, Inc.**

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**80058680**

|                                                             |                       |                                   |         |
|-------------------------------------------------------------|-----------------------|-----------------------------------|---------|
| 2. Principal Place of Business<br><b>512 Keystone Drive</b> |                       | 3. Mailing Address<br><b>same</b> |         |
| Suite, Apt. #, etc.                                         |                       | Suite, Apt. #, etc.               |         |
| City & State<br><b>Warrendale, PA</b>                       |                       | City & State                      |         |
| Zip<br><b>15086</b>                                         | Country<br><b>USA</b> | Zip                               | Country |

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|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>25-1513249</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

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7. Name and Address of Current Registered Agent

|                                                                                          |                             |
|------------------------------------------------------------------------------------------|-----------------------------|
| Name<br><b>CT Corporation System</b>                                                     |                             |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>1200 South Pine Island Road</b> |                             |
| City<br><b>Plantation</b>                                                                | Zip Code<br><b>FL 33324</b> |

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.

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

|                                                                                                                                                       |                                                                                                                                                                       |                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>January 1 - May 1, Fee is \$150.00</b><br><b>After May 1, Fee is \$550.00</b><br><b>Amended UBR is \$61.25</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

| 11. OFFICERS AND DIRECTORS                     |                                                                                                     |                                                |  |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D/C</b><br><b>Roger Barna</b><br><b>512 Keystone Drive</b><br><b>Warrendale, PA 15086</b>        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P/D</b><br><b>Jack Greaf</b><br><b>512 Keystone Drive</b><br><b>Warrendale, PA 15086</b>         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V/D</b><br><b>Tomohide Nishimura</b><br><b>512 Keystone Drive</b><br><b>Warrendale, PA 15086</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V/D/S/T</b><br><b>Bruce Hampton</b><br><b>512 Keystone Drive</b><br><b>Warrendale, PA 15086</b>  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS</b><br><b>Alan P. Olschwang</b><br><b>5665 Plaza Drive</b><br><b>Cypress, CA 90630</b>        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS</b><br><b>Chris Gerdes</b><br><b>512 Keystone Drive</b><br><b>Warrendale, PA 15086</b>        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Alan P. Olschwang**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/02** **724-772-2150**  
Date Daytime Phone #

CR2E034B (12/01)

R#F99200001569  
B0058680

**ATTACHMENT TO**  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**  
**DUE MAY 1, 2002**  
**MITSUBISHI ELECTRIC POWER PRODUCTS, INC.**

11. Additional Directors

Title: Director  
Name: Kyoshi Kawakami  
Address: 5665 Plaza Drive  
City, State, Zip Cypress, CA 90630

Title: Director  
Name: Fumihiko Maehara  
Address: 2-2-3 Marunouchi Chiyoda-Ku  
City, State, Zip Tokyo 100, Japan

Title: Director  
Name: Ryosuke Fujimoto  
Address: 2-2-3 Marunouchi Chiyoda-Ku  
City, State, Zip Tokyo 100, Japan

Title: Director  
Name: Hiroharu Takayasu  
Address: 2-2-3 Marunouchi Chiyoda-Ku  
City, State, Zip Tokyo 100, Japan

Title: Director  
Name: Akiyoshi Onuma  
Address: 2-2-3 Marunouchi Chiyoda-Ku  
City, State, Zip Tokyo 100, Japan