

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005416

1. Entity Name

C&D TECHNOLOGIES, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90053 011 \*\*\*150.00

Principal Place of Business	Mailing Address
100 UNION MEETING ROAD BELL PA 19422	1400 UNION MEETING ROAD BLUE BELL PA 19422-1952

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
	19422



DO NOT WRITE IN THIS SPACE

4. FEI Number	13-3314599	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, WADE JR.	NAME	
STREET ADDRESS	1400 UNION MEETING ROAD	STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL PA 19422	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWD, KEVIN P	NAME	
STREET ADDRESS	1400 UNION MEETING ROAD	STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL PA 19422	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEIT, GLENN M ESQ.	NAME	
STREET ADDRESS	1585 BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 19422	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRAL, WILLIAM III	NAME	
STREET ADDRESS	1400 UNION MEETING ROAD	STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL PA 19422	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, PAMELA S	NAME	
STREET ADDRESS	1400 UNION MEETING ROAD	STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL PA 19422	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKENZIE, GEORGE	NAME	
STREET ADDRESS	1400 UNION MEETING ROAD	STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL PA 19422	CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN E. MACKENZIE JR. *Stephen E Mackenzie Jr.* 4-20-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)