

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90087 029 ***150.00

DOCUMENT # F99000005416

1. Entity Name

C&D TECHNOLOGIES, INC.



Principal Place of Business

**1400 UNION MEETING ROAD
BLUE BELL PA 19422**

Mailing Address

**1400 UNION MEETING ROAD
PO BOX 3053
BLUE BELL PA 19422**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3314599

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ROBERTS, WADE JR.
STREET ADDRESS 1400 UNION MEETING ROAD
CITY-ST-ZIP BLUE BELL PA 19422

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DOWD, KEVIN P
STREET ADDRESS 1400 UNION MEETING ROAD
CITY-ST-ZIP BLUE BELL PA 19422

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VCFO ☐ Delete
NAME MARKERT, STEPHEN E JR
STREET ADDRESS 1400 UNION MEETING ROAD
CITY-ST-ZIP BLUE BELL PA 19422

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HARRAL, WILLIAM III
STREET ADDRESS 1400 UNION MEETING ROAD
CITY-ST-ZIP BLUE BELL PA 19422

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LEWIS, PAMELA S
STREET ADDRESS 1400 UNION MEETING ROAD
CITY-ST-ZIP BLUE BELL PA 19422

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MACKENZIE, GEORGE
STREET ADDRESS 1400 UNION MEETING ROAD
CITY-ST-ZIP BLUE BELL PA 19422

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/04

Date

215-619-8700

Daytime Phone #