

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006559

1. Entity Name
POWER SYSTEMS DEVELOPMENT, INC. P

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90113 018 ***158.75

Principal Place of Business 800 MARKET AVENUE NORTH, SUITE 1500 CANTON OH 44702	Mailing Address 800 MARKET AVENUE NORTH, SUITE 1500 CANTON OH 44702
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 34-1258868	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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. <input checked="" type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDEV HOFFMAN, ROBERT L 73 WEST DRIVE HARTVILLE OH 44632 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOFFMAN, ROBERT L 73 WEST DRIVE HARTVILLE OH 44632 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP O'CONNOR, PAUL C 919 KNOLLWOOD, NW CANTON OH 44708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED Connor Director/President August 28 2000 330-452-4434

CR2E034 (5/00)

attachment Doc# ; F99000006559
A0074881

psd

SUITE 1500 • 800 MARKET AVENUE, NORTH
CANTON, OH 44702
PHONE: 330-452-4434 • FAX: 330-453-5047
E-MAIL: psdmail@psdohio.com
WEB: www.psdohio.com

August 28, 2000

Department of State
Division of Corporations
P O Box 1500
Tallahassee, FL 32302-1500

REF: Uniform Business Report

This letter is enclosed with our Check 27031 as advised
by your office today.

P.S.D. INC. doing business as Power Systems Development,
was authorized to do business in the State of Florida
with all due fees paid as of December 31 1999.
Our Document number is F99000006559

The first 2000 Uniform Business Report was received in
our office as a Second Notice. We never received the
First Notice.

The Check 27031 is for \$158.75. It includes the fee
for a Certificate of Status.

Thank you for your consideration in this matter.

Sincerely



Iris Shook
Bookkeeper