

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90156 001 \*\*\*500.00  
 09-02-2002 90156 002 \*\*\*\*50.00

**DOCUMENT # F99000006559**

1. Entity Name  
**POWER SYSTEMS DEVELOPMENT, INC.**



Principal Place of Business  
**800 MARKET AVENUE NORTH, SUITE 1500  
 CANTON OH 44702**

Mailing Address  
**800 MARKET AVENUE NORTH, SUITE 1500  
 CANTON OH 44702**

**98724**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
**13515 Ballantyne Corp. Pl.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Charlotte NC**

4. FEI Number **34-1258868**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**28277**

**USA**

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

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CDEV  
 HOFFMAN, ROBERT L  
 73 WEST DRIVE  
 HARTVILLE OH 44632** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ST  
 HOFFMAN, ROBERT L  
 73 WEST DRIVE  
 HARTVILLE OH 44632** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VSD  
 Christopher Kearney  
 13515 Ballantyne Corp. Pl.  
 Charlotte, NC 28277** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DP  
 O'CONNOR, PAUL C  
 919 KNOLLWOOD, NW  
 CANTON OH 44708** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD  
 Patrick J. O'Leary  
 13515 Ballantyne Corp. Pl.  
 Charlotte, NC 28277** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T  
 Ron Winowiecki  
 13515 Ballantyne Corp. Pl.  
 Charlotte, NC 28277** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Patrick J. O'Leary 8-5-02**

Date

Daytime Phone #

**704-752-4400**

CR2E034 (4/02)