

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P35104 (9)
 1. Corporation Name
CDI POWER SYSTEMS GROUP, INC.



Principal Place of Business Mailing Address
9550 REGENCY SQUARE BLVD **1717 ARCH ST**
STE 400 **35 FL**
JACKSONVILLE FL 32225 **PHILADELPHIA PA 19103-2768**
US **US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country
 24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified
08/09/1991
 4. FEI Number Applied For
59-3078666 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
9550 REGENCY SQUARE BLVD
PLANTATION FL 32225

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD, JETT	1.2 NAME
STREET ADDRESS	4040 WOODCOCK DR SUITE 200	1.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, CRAIG H.	2.2 NAME
STREET ADDRESS	1717 ARCH ST 35 FL	2.3 STREET ADDRESS
CITY-ST-ZIP	PHILADELPHIA PA	2.4 CITY-ST-ZIP
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, SEIDER	3.2 NAME
STREET ADDRESS	1717 ARCH ST 35TH FL	3.3 STREET ADDRESS
CITY-ST-ZIP	PHILADELPHIA PA	3.4 CITY-ST-ZIP
TITLE	AT <input checked="" type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAGLE, ARLINGTON A	4.2 NAME
STREET ADDRESS	1717 ARCH ST 35TH FL	4.3 STREET ADDRESS
CITY-ST-ZIP	PHILADELPHIA PA	4.4 CITY-ST-ZIP
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONUR, EROL A	5.2 NAME
STREET ADDRESS	9550 REGENCY SQUARE BLVD	5.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

9550 Regency Square Blvd
Jacksonville, FL 32225
AT
Thomas R. Markley
18 Penn Center
Philadelphia, PA 19103

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE

CR2E034 (10/97)