


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 213019</b> 1. Entity Name DONALDSON ELECTRIC COMPANY, INC.	
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Principal Place of Business DONALDSON ELECTRIC 3410 WINTON DR. JACKSONVILLE, FL 32208	Mailing Address DONALDSON ELECTRIC 3410 WINTON DR. JACKSONVILLE, FL 32208
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**DO NOT WRITE IN THIS SPACE**



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0832764	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  DONALDSON, V R 3410 WINTON DR JACKSONVILLE, FL 32208
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000022792 01/30/04-80059-003.150.00...
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DONALDSON, VERNON R 10407 BESSENT RD. N. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DONALDSON, ELIZABETH J 10407 BESSENT RD. N. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DONALDSON, ELIZABETH J 10407 BESSENT RD N JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DONALDSON, ELIZABETH J 10407 BESSENT RD. N JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **VERNON R. DONALDSON**  
PRESIDENT - 1-28-04 - 904-257-7621  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #