## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 30, 2002 8:00 am Secretary of State 819233 DOCUMENT # 1. Entity Name BRYANT ELECTRIC COMPANY, INC. 01-30-2002 90072 009 \*\*\*150.00 Principal Place of Business Mailing Address 215 BALFOUR DRIVE P.O. BOX 4819 0001914Z ARCHDALE NC 27263-3117 ARCHDALE NC 27263-4819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 56-0154780 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Change ☐ Addition TITLE WALL, LYNDON J NAME NAME 6402 TURNPIKE RD. STREET ADDRESS STREET ADDRESS ARCHDALE NC 27263 CITY-ST-7IP CITY-ST-ZIP TITLE EVP ☐ Delete TITLE Change Addition NAME WALL, KAY D NAME 6402 TURNPIKE RD. STREET ADDRESS STREET ADDRESS ARCHDALE NC 27263 CITY-ST-ZIP CITY-ST-ZIP STD Delete TITLE ☐ Change ☐ Addition WALL, KAY D NAME STREET ADDRESS 6402 TURNPIKE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ARCHDALE NC 27263 **VPC** ☐ Delete TITLE ☐ Change ☐ Addition LANE, GEORGE A NAME NAME 901 MITCHELL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DUDLEY NC 28333 CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

**FILED** 

SIGNATURE: SIGNATURE REQUIBTED & Law 1/14/2002 (336)434-9223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Kay D. Wall. Exec. Vice Press dent. Sec. Parting Phone.\* D