


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 819233</b> 1. Entity Name <b>BRYANT ELECTRIC COMPANY, INC.</b>		
Principal Place of Business <b>215 BALFOUR DRIVE ARCHDALE, NC 27263-3117 US</b>		Mailing Address <b>P.O. BOX 4819 ARCHDALE, NC 27263-4819 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALL, LYNDON J 6402 TURNPIKE RD. ARCHDALE, NC 27263	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP WALL, KAY D 6402 TURNPIKE RD. ARCHDALE, NC 27263	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WALL, KAY D 6402 TURNPIKE RD. ARCHDALE, NC 27263	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC LANE, GEORGE A 901 MITCHELL ROAD DUDLEY, NC 28333	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Kay D. Wall</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Kay D. Wall 1/6/04 (336)434-9223 Executive Vice President, Sec.-Treas., Dir.



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**56-0154780**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

000000007176  
01/20/04-80012-014 150.00

**DO NOT WRITE  
IN THIS SPACE**