

4/26/

FILED
May 23, 2001 8:00 am
Secretary of State

04-26-2001 90076 001 ***115.00

05-23-2001 91177 007 ****35.00

~~MOELLER MOELLER CORPORATION~~
MOELLER ELECTRIC CORPORATION

Principal Place of Business

25 FORGE PARKWAY
 FRANKLIN MA 02038

Mailing Address

25 FORGE PARKWAY
 FRANKLIN MA 02038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-2529924**

Applied For

Not Applicable

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 S. 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUDAS, NICOLAS	
STREET ADDRESS	25 FORGE PARKWAY	
CITY-ST-ZIP	FRANKLIN MA 02038	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	KINNER, DOUGLAS R.	
STREET ADDRESS	25 FORGE PARKWAY	
CITY-ST-ZIP	FRANKLIN MA 02038	
TITLE	V	<input type="checkbox"/> Delete
NAME	THORNTON, THOMAS W.	
STREET ADDRESS	25 FORGE PARKWAY	
CITY-ST-ZIP	FRANKLIN MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOELLER-SEIDEL, ILSE	
STREET ADDRESS	HEIN MOELLER STRASSE 5300	
CITY-ST-ZIP	BONN 1 GR	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas R. Kinner, CPA
Executive Vice President

4/16/01 (508)520-7080

DSC

Daytime Phone #

CR2E034 (10/00)