

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90120 009 ***150.00

DOCUMENT # 820416

1. Entity Name
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

4. FEI Number **36-2529924**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of Now 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VTD** ☒ Delete
NAME **KINNER, DOUGLAS R.**
STREET ADDRESS **25 FORGE PARKWAY**
CITY-ST-ZIP **FRANKLIN MA 02038**

TITLE **VT** ☒ Change ☐ Addition
NAME **KINNER, DOUGLAS R.**
STREET ADDRESS **25 FORGE PARKWAY**
CITY-ST-ZIP **FRANKLIN, MA 02038**

TITLE **V** ☒ Delete
NAME **THORNTON, THOMAS W.**
STREET ADDRESS **25 FORGE PARKWAY**
CITY-ST-ZIP **FRANKLIN MA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **PIRTTIMAKI, ISLE**
STREET ADDRESS **HEIN MOELLER STRASSE 5300**
CITY-ST-ZIP **BONN 1 GR**

TITLE ☐ Change ☒ Addition
NAME **ROBERT GARTNER**
STREET ADDRESS **HEIN MOELLER STRASSE**
CITY-ST-ZIP **BONN 1, GERMANY**

TITLE **V** ☒ Delete
NAME **MCLOUGHLIN, THOMAS**
STREET ADDRESS **25 FORGE PKWY**
CITY-ST-ZIP **FRANKLIN MA**

TITLE ☒ Change ☒ Addition
NAME **MCLOUGHLIN, THOMAS**
STREET ADDRESS **25 FORGE PARKWAY**
CITY-ST-ZIP **FRANKLIN, MA 02038**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **STEPHAN RALPH HAUSLER**
STREET ADDRESS **HEIN MOELLER STRASSE**
CITY-ST-ZIP **BONN 1, GERMANY**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D MARTINA WIGGERMANN**
STREET ADDRESS **HEIN MOELLER STRASSE**
CITY-ST-ZIP **BONN, 1, GERMANY**

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:

SIGNATURE REC'D
Douglas R. Kinner, CRA
Executive Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 **(508) 520-7080**
Date Daytime Phone #

CR2E034 (10/02)