

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **834150 (5)**

1. Corporation Name  
**WESTINGHOUSE INTERNATIONAL POWER SYSTEMS COMPANY, INC.**



2. Principal Place of Business  
**32 LOOCKERMAN SQUARE SUITE L-100 DOVER DE 19901**

2a. Mailing Address  
**32 LOOCKERMAN SQUARE SUITE L-100 DOVER DE 19901**

3. Date Incorporated or Qualified: **04/10/1975**  
3a. Date of Last Report: **02/06/1995**

4. FEI Number: **25-1181883**  
Applied For:  Not Applicable:

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

21. State, Apt. #, etc.: **22 1200 South Pine Island Rd. 23 Plantation, FL 24 33324 25 USA**

26. State, Apt. #, etc.: **27 1200 South Pine Island Rd. 28 Plantation, FL 29 33324 30 USA**

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: **FL** 85 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1101 TITLE: <b>VD</b>	1102 NAME: <b>HENDERSON, R.R.</b>	1301 TITLE: _____	1302 NAME: _____
1103 STREET ADDRESS: <b>HAYMAKER ROAD</b>	1104 CITY-STATE-ZIP: <b>PITTSBURG PA</b>	1303 STREET ADDRESS: _____	1304 CITY-STATE-ZIP: _____
1105 TITLE: <b>T</b>	1106 NAME: <b>COX, J.S.</b>	2101 TITLE: <b>T</b>	2102 NAME: <b>Morf, C.E.</b>
1107 STREET ADDRESS: <b>GATEWAY BLDG</b>	1108 CITY-STATE-ZIP: <b>PITTSBURG PA</b>	2103 STREET ADDRESS: <b>11 Stanwix Street</b>	2104 CITY-STATE-ZIP: <b>Pittsburgh, PA 15222</b>
1109 TITLE: <b>S</b>	1110 NAME: <b>HAYS, C.M.</b>	3101 TITLE: <b>S</b>	3102 NAME: <b>Bachy, D.M.</b>
1111 STREET ADDRESS: <b>GATEWAY BLDG</b>	1112 CITY-STATE-ZIP: <b>PITTSBURG PA</b>	3103 STREET ADDRESS: <b>11 Stanwix Street</b>	3104 CITY-STATE-ZIP: <b>Pittsburgh, PA 15222</b>
1113 TITLE: <b>D</b>	1114 NAME: <b>WOODSON, N.D.</b>	4101 TITLE: _____	4102 NAME: _____
1115 STREET ADDRESS: <b>HAYMAKER ROAD</b>	1116 CITY-STATE-ZIP: <b>PITTSBURG PA</b>	4103 STREET ADDRESS: _____	4104 CITY-STATE-ZIP: _____
1117 TITLE: <b>P</b>	1118 NAME: <b>SALVATORI, R.</b>	5101 TITLE: <b>P</b>	5102 NAME: <b>Steinebronn, K.A.</b>
1119 STREET ADDRESS: <b>GATEWAY BLDG</b>	1120 CITY-STATE-ZIP: <b>PITTSBURG PA</b>	5103 STREET ADDRESS: <b>4400 Alafaya Trail</b>	5104 CITY-STATE-ZIP: <b>Orlando, FL 32826</b>
1121 TITLE: <b>D</b>	1122 NAME: <b>MOORE, R.R.</b>	6101 TITLE: _____	6102 NAME: _____
1123 STREET ADDRESS: <b>4350 NORTHERN PIKE</b>	1124 CITY-STATE-ZIP: <b>MONROEVILLE PA 15146</b>	6103 STREET ADDRESS: _____	6104 CITY-STATE-ZIP: _____

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *D. M. Bachy* **D. M. Bachy, Secretary** 1/23/96 412-642-5260

CR2E034 (12/95)