Zip         Country         Zip         Country         5. Cartificate of Status Desired         58,75 Asstandiat           A. Name and Address of Current Registered Agent         7. Name and Address of New Registered Agent         7. Name and Address of New Registered Agent           DASCH, RAYMOND 2000 LEWIS INDUSTRIAL DR. JACKSONVILLE, FL 32205         Street Address (P.O. Box Number is Not Acceptable)           JACKSONVILLE, FL 32205         City         FL         Zip Code           E. The above named antity subgits but statement to the purpose of changing its registered office or registered agent, or both, in the State of Potta. I an termitar with, and accept the obligations of registered office or degistered office or registered agent, or both, in the State of Potta. I an termitar with, and accept Ja/Ja/Ja/Ja           SiGNATURE         State Address (P.O. Box Number is Not Acceptable)         Ja/Ja/Ja/Ja           Signan, need order of differed agents agent active to agent agen	2	006 FOR PROFI REINST	T CORPORAT	ΓΙΟΝ	_
WESTINGHOUSE LIGHTING CORPORATION       06 CCT III         Principal Resc of Business       12401 KMULT RD.         12401 KMULT RD.       PHILUBELPHA PA 19154         2. Principal Resc of Business       1. Mating Address         State. Apt. 4 do:       Dim. Apt. 4 do:         Chr & State       Dim. Apt. 4 do:         Chr & Country       S. Carkicand Apt.         DASCH, RAYMOND       State Address of Current Registered Apt.         DASCH, RAYMOND       Dim. 4 do:         State Address of Current Registered Apt.       North         State Address of Current Registered Apt.					<i>b</i>
12401 EVENUTY R0 PHILADELPHIA PA 19154       12401 MONUTY R0 PHILADELPHIA PA 19154         2. Principal Place of Business       1. Mailing Address         Suite. Apt. #. etc.       Suite. Apt. #. etc.         City & Swee       Cay & Suite         Z0       Country         2. Principal Place of Business       1. Mailing Address         Suite. Apt. #. etc.       Suite. Apt. #. etc.         City & Swee       Cay & Suite         20       Country         3. Mailing Address of Current Registered Agent       1. Entry Address of New Registered Agent         A. None and Address of Current Registered Agent       1. None and Address of New Registered Agent         DASCH, RAYMOND       Steat Address of New Registered Agent       1. Marrie         DASCH, RAYMOND       Steat Address of New Registered Agent       1. Marrie         JACKSONVILLE, FL 32205       Steat Address (PO. Box Number is Nor Acceptable)       JACKSONVILLE, FL 32205         SIGMATURE       Steat Address in Order Stead Stead of Pools A Tai Instantiate with and accept the degradement and the instantiate with and accept the degradement agent A					
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City & State       City & State       4 FEI Number       TppExtend of the state of the sta	2. Principal Place of Business		3. Mailing Address		
Zip     Country     Zip     Country     Series       Zip     Country     2.0     Country     5. Certificate of Status Deered     58.7 56.4 address       DSCH, RAYMOND     2000 LEWIS INDUSTRIAL DR.     Name     Name     Name     Name       2000 LEWIS INDUSTRIAL DR.     Street Address of Current Registered Agent     Name     Name       2000 LEWIS INDUSTRIAL DR.     Street Address (P.O. Box Number is Not Acceptable)     City     FL     Zip Code       2000 LEWIS INDUSTRIAL DR.     Street Address (P.O. Box Number is Not Acceptable)     Name     Name       300ATURE     Street Address (P.O. Box Number is Not Acceptable)     Name     Name       300ATURE     Busine name of sity subgisting statement for the purpose deptanging is registered agent, or both, In the State of Piorda. Last termiser with, and accept the obligations of registered agent, or both, In the State of Piorda. Last termiser with, and accept the obligations of registered agent, or both, In the State of Piorda. Last termiser with, and accept the obligations of registered Agent feature registered agent, or both, In the State of Piorda. Last termiser with, and accept the obligations of registered Agent feature registered agent.     Image: Comp Comp Comp Comp Comp Comp Comp Comp	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DEENSTATEMENT 052006
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DASCH, RAYMOND 2000 LEWIS INDUSTRIAL DR. 200		6. Name and Address of Curren	Registered Agent	Name	7. Name and Address of New Registered Agent
The above named entity submate the statement for the purpose d-shanging its registered office or registered agent, or both, in the State of Florida. Lan tamiliar with, and accept the obligations of registered form     SIGNATURE     Signature, type is or an investigation agent and for its parametagent agent	2000 LEWIS INDUSTRIAL DR.				s (P.O. Box Number is Not Acceptable)
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TITLE       PS       Image       Im	File After Jan	E NOWIII FEE IS \$750.00 wary 1, 2007, Fee will be \$900.	00		guined when neinstating) DATE
NAME         ANGELO, RAYMOND         Nume         4000000000000000000000000000000000000					
TITLE       C       Delete       TITLE       Delete       TITLE       Delete       TITLE       Delete       TITLE       Delete       TITLE       NAME         STRET ADDRESS       12401 MCNULTY RD.       Change       Addition       STRET ADDRESS       CITY-ST-2P       PHILADELPHIA, PA 19115       CITY-ST-2P       CITY-ST-2P <td>NAME STREET ADDRESS</td> <td>12401 MCNULTY RD.</td> <td></td> <td>STREET ADDRESS</td> <td>400080870704</td>	NAME STREET ADDRESS	12401 MCNULTY RD.		STREET ADDRESS	400080870704
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NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         STREET ADDRESS           12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 is changed, or on an attachment with an address, with aff other like empowered.	NAME STREET ADDRESS		🗋 Delete	NAME STREET ADDRESS	🗍 Change 🗌 Addition
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.	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS	Change Addition
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