## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 13, 2005 8:00 am Secretary of State

	ANITOAL	- IXLF OIX I			N.	occi cia	I y UI	DU	IIC	
DOCUMENT # 845073  1. Entity Name EATON POWER QUALITY CORPORATION					04-13-2005 90027 012 ***150.00					
Principal Place of Business Mailing Address			<del>-</del> "	20030877						
8609 SIX FORKS RD		8609 SIX FORKS RD			20000011					
RALEIGH, NC			IS		1 <b>170101 10</b> 01	61881 <b>A</b> CCI <b>FRUI 18728</b> 1111	i Breti Bibli Bibli Big:	i Bilit dibi	(9 6) 16 68 61	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02	2042005	Chg-P	CR2E034 (	10/03)		
City & State		City & State		4.	FEI Numbe 23-211			1	plied For t Applicable	
Zip	Country	Zip	Country	5.	Certificate	of Status Desired	□ \$8.°	75 Addi Required	tional j	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
ş	,		Name	Name						
1200 S. PI	DRATION SYSTEM NE ISLAND, ROAD		Street Address			P.O. Box Number is Not Acceptable)				
PLANIATI	ON, FL 33324					-				
			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								and accept		
trie bullgat	ons of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.	AI	DDITIONS/	CHANGES TO OFF	ICERS AND DIR	ECTORS	IN 11	
TITLE	AS	Delete	TITLE	PRESID				Change	Addition	
NAME	TURNER, PATRICIA J		NAME	A. H.	UTIL	K	=		•	
STREET ADDRESS	735 POST ROAD EAST		STREET ADDRESS	1111 50	uperi	OR AUENU	10			
CITY-ST-ZIP	WESTPORT, CT 06880		CITY-ST-ZIP	CHEVL	FLANUI	0, OH H4	114			
TITLE	Р	Delete	TITLE	VICE	PRESI	PENT		Change	<b>Addition</b>	
NAME	ASCOLESE, MARK		NAME	DAVI	D JUY	<u>1</u> N50N				
STREET ADORESS	8609 SIX PORKS RD.		STREET ADDRESS			FORMS ROA				
CITY-ST-ZIP	RALEIGH, NC 27615		CITY-ST-ZIP			NC 276	15			
TITLE MANUE	VP POWERS, JAMES A	<b>⊠</b> Delete	TITLE NAME	VILE THOM	PRES	GROSS		Change	Addition	
STREET ADDRESS	8609 SIX FORMS ROAD		STREET ADDRESS	8600	YSIX	FORKS ROA	910			
CITY-ST-ZIP	RALEIGH, NC 27615		CITY-ST-ZIP	RAL	E161+	NC 276	15			
TITLE	VS	Delete	TITLE	VILE	PRES	IDENT SEC	RETARY -	Change	<b>⊠</b> Addition	
NAME	CONDON, KEVIN R		NAME	ER	l. FRF	ANKLIN		•		
STREET ADDRESS	8609 SIX FORKS RD		STREET ADDRESS	1100	SUPEI	RIOR AUEI	<i>UUE</i>			
CITY-ST-ZIP	RALEIGH, NC 27615		CITY-ST-ZIP	CLEI	VEHAN	10, OH H XENT TREP	4114			
TITLE		☐ Delete	TITLE	VICE	PRESIG	DENT TREP	isurér 🗆	Change	<b>X</b> Addition	
NAME			NAME	K.E.	PARME	NTER	سر،			
STREET ADDRESS			STREET ADDRESS	IIII Su	IPERI	OR AVENU	(C			
CITY-ST-ZIP			CITY-ST-ZIP	CLEV	ELIHNI	0 <u>, ОН НН</u>				
TITLE		☐ Delete	TITLE	DIREC	~1 UK	10/T		Change	Addition	
NAME STREET ADDRESS			NAME Street address	ROBER	CL ITU	OR AVENU	=			
CITY-ST-ZIP			CITY-ST-ZIP							
	certify that the information supplied with	this filing does not qualify for the				), OH HHI i) Florida Statutes		nat the in	formation	
	solary area are innormed on supplied with	· · · · · · · · · · · · · · · · · · ·	ב בייטויוטויטויו פופו			.,, . içinde çialbigs.	rogerier certify th	-21 110 111	- CHIPALIUM	

12. I hereby certify that the information supplied with this tiling does not quality for the exemption stated in Section 1 19.07(3)(1), 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:	3/30/2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR	Date Date	Daytime Phone #
, "		