


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90189 030 \*\*\*150.00

<b>DOCUMENT # 845073</b>	
1. Entity Name <b>EATON POWER QUALITY CORPORATION</b>	

Principal Place of Business <b>8609 SIX FORKS RD RALEIGH, NC 27615 US</b>	Mailing Address <b>8609 SIX FORKS RD RALEIGH, NC 27615 US</b>
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**50017145**

2. Principal Place of Business <b>Eaton Corporation</b>	3. Mailing Address <b>1111 Superior Avenue</b>
Suite, Apt. #, etc. <b>Attn: Tax Dept, 1111 Superior</b>	Suite, Apt. #, etc. <b>Attn: Tax Dept</b>
City & State <b>Cleveland, Oh 44114</b>	City & State <b>Cleveland, OH 44114</b>
Zip <b>44114</b>	Country <b>US</b>

03242006 Chg-P CR2E034 (11/05)



4. FEI Number <b>23-2119242</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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 <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CUTLER, A M</b>		NAME <b>McGuire, Mark</b>	
STREET ADDRESS <b>1111 SUPERIOR AVE</b>		STREET ADDRESS <b>1111 Superior Avenue</b>	
CITY-ST-ZIP <b>CLEVELAND, OH 44114</b>		CITY-ST-ZIP <b>Cleveland, Ohio 44114</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JOHNSON, DAVID</b>		NAME <b>JOHNSON, DAVID</b>	
STREET ADDRESS <b>8609 SIX FORKS RD.</b>		STREET ADDRESS <b>8609 SIX FORKS RD.</b>	
CITY-ST-ZIP <b>RALEIGH, NC 27615</b>		CITY-ST-ZIP <b>RALEIGH, NC 27615</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GROSS, THOMAS S</b>		NAME <b>GROSS, THOMAS S</b>	
STREET ADDRESS <b>8609 SIX FORKS ROAD</b>		STREET ADDRESS <b>8609 SIX FORKS ROAD</b>	
CITY-ST-ZIP <b>RALEIGH, NC 27615</b>		CITY-ST-ZIP <b>RALEIGH, NC 27615</b>	
TITLE <b>VPS</b>	<input type="checkbox"/> Delete	TITLE <b>VPS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FRANKLIN, E R</b>		NAME <b>FRANKLIN, E R</b>	
STREET ADDRESS <b>1111 SUPERIOR AVE</b>		STREET ADDRESS <b>1111 SUPERIOR AVE</b>	
CITY-ST-ZIP <b>CLEVELAND, OH 44114</b>		CITY-ST-ZIP <b>CLEVELAND, OH 44114</b>	
TITLE <b>VPT</b>	<input type="checkbox"/> Delete	TITLE <b>VPT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PARMENTER, R E</b>		NAME <b>PARMENTER, R E</b>	
STREET ADDRESS <b>1111 SUPERIOR AVE</b>		STREET ADDRESS <b>1111 SUPERIOR AVE</b>	
CITY-ST-ZIP <b>CLEVELAND, OH 44114</b>		CITY-ST-ZIP <b>CLEVELAND, OH 44114</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HORST, ROBERT</b>		NAME <b>HORST, ROBERT</b>	
STREET ADDRESS <b>1111 SUPERIOR AVE</b>		STREET ADDRESS <b>1111 SUPERIOR AVE</b>	
CITY-ST-ZIP <b>CLEVELAND, OH 44114</b>		CITY-ST-ZIP <b>CLEVELAND, OH 44114</b>	

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. R. Franklin E.R. Franklin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR V.P. & Secretary

April 25 2006 216.523.5000  
Date Daytime Phone #

OK 4/25