

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **846561** (9)
1. Corporation Name
POWER SERVICES, INC.



Principal Place of Business NORTH FOURTH STREET JEANNETTE PA 15644	Mailing Address NORTH FOURTH STREET JEANNETTE PA 15644
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/23/1980	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 74-1647985		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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 607.01-02 and 607.15-08, 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 _____ (Signature type for printed name of registered agent and date of signature)
(NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	President
NAME	TURNER, RONALD D V	1.2 NAME	David G. Assard
STREET ADDRESS	% ELLIOTT CO. MECH PLANT	1.3 STREET ADDRESS	North Fourth Street
CITY-ST-ZIP	JEANNETTE, PA 0	1.4 CITY-ST-ZIP	Jeannette, Pa 15644
TITLE	SD	2.1 TITLE	President
NAME	FISCHER, KLAUS P.	2.2 NAME	
STREET ADDRESS	106 UNIVERSITY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBURG PA	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	SMY, PAUL R.	3.2 NAME	
STREET ADDRESS	NORTH FOURTH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	JEANNETTE PA	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	BRENZIA JOHN N.	4.2 NAME	
STREET ADDRESS	NORTH FOURTH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	JEANNETTE PA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *John A. Barsic* John A. Barsic 4/29/98

CR2E034 (10/97)