2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852987

1. Entity Name

WESCO MANUFACTURING, INC.

FILED
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90004 019 ***550.00

Mailing Address Principal Place of Business % SHEEHAN. PHINNEY, BASS & GREEN % Sheehan, Phinney, Bass & Green ADD74482 1000 ELM ST. 1000 ELM ST. MANCHESTER NH 03101 MANCHESTER NH 03101 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 02-0360988 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WISENBURG, BONNIE J Street Address (P.O. Box Number is Not Acceptable) 10227 ELMHURST DRIVE JACKSONVILLE FL 32218 Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE VŊ Delete TITI F NAME STEARNS, KATHRYNE B NAME STREET ADDRESS STREET ADDRESS P O BOX 190 N/A CITY-ST-ZIP CITY-ST-ZIP AMHERST NH 03031-0190 ☐ Addition Change Delete TITLE STEARNS, WILLIAM E JR NAME NAME STREET ADDRESS STREET ADDRESS P O BOX 190 N/A CITY-ST-ZIP CITY-ST-ZIP AMHERST NH 03031-0190 Change Addition ☐ Delete TITLE REISCHE, ALAN L. NAME STREET ADDRESS STREET ADDRESS 1000 ELM STREET CITY-ST-ZIP MANCHESTER NH 03105-3701 CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECT

W. E. Stenaws, Jr 1/June 01 603673.4204

100 Earl + 400 C