

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90154 005 ***150.00

DOCUMENT # *F00000004210*
1. Entity Name
Sargent Electric Company

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>2801 Liberty Avenue</i>		3. Mailing Address <i>28th + Liberty Avenue</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>P.O. Box 30, Attn: Acc'tg.</i>	
City & State <i>Pittsburgh, PA</i>		City & State <i>Pittsburgh, PA</i>	
Zip <i>15222</i>	Country <i>USA</i>	Zip <i>15230</i>	Country <i>USA</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>25-0935920</i>		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>CT-Corporation System</i>
Street Address (P.O. Box Number is Not Acceptable) <i>1200 S. Pine Island Road</i>
City <i>Plantation</i>
State FL
Zip Code <i>33324</i>

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PIO John D. Sargent 2801 Liberty Avenue Pittsburgh, PA 15222</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CEO/D Frederic B. Sargent 2801 Liberty Avenue Pittsburgh, PA 15222</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CID Edward J. Sargent 2801 Liberty Avenue Pittsburgh, PA 15222</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Charles J. Peckham 2801 Liberty Avenue Pittsburgh, PA 15222</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CFO/VP/TIS Robert D. Bowen 2801 Liberty Avenue Pittsburgh, PA 15222</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert D. Bowen* *4/26/02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #