

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90055 047 ***150.00

DOCUMENT # F01000001229

1. Entity Name

THERMON INDUSTRIES, INC.



Principal Place of Business

**100 THERMON DRIVE
SAN MARCOS TX 78666**

Mailing Address

**P.O. BOX 609
SAN MARCOS TX 78666**

50016804



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

17-4224679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ Delete
NAME **BURDICK, RICHARD L**
STREET ADDRESS **1030 BELVIN STREET**
CITY-ST-ZIP **SAN MARCOS TX 78666**

TITLE **VD** ☐ Delete
NAME **BURDICK, MARK**
STREET ADDRESS **220 PAMPAS PASS**
CITY-ST-ZIP **SAN MARCOS TX 78666**

TITLE **STD** ☐ Delete
NAME **SCHULTE, FRED**
STREET ADDRESS **11029 BALLYBUNION PLACE**
CITY-ST-ZIP **AUSTIN TX 78747**

TITLE **D** ☐ Delete
NAME **BAYLESS, CHARLES E**
STREET ADDRESS **7300 NORTH SUNSET CANYON DRIVE**
CITY-ST-ZIP **TUCSON AZ 85718**

TITLE **D** ☒ Delete
NAME **COX, GLENN**
STREET ADDRESS **2306 STONEWALL DRIVE**
CITY-ST-ZIP **BARTLESVILLE OK 74006**

TITLE **D** ☐ Delete
NAME **ROBERTS, ROY**
STREET ADDRESS **317 PINE RIDGE DRIVE**
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V.P.** ☐ Change ☒ Addition
NAME **DAVID RALPH**
STREET ADDRESS **1762 OAK FOREST DR.**
CITY-ST-ZIP **NEW BRAUNFELS TX 78132**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID RALPH

1/31/05

(512) 396-8801