

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED 04-21-2003 91201 022 \*\*\*150.00  
F01000001229

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

20032147



CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # F01000001229</b>					
1. Entity Name <b>THERMON INDUSTRIES, INC.</b>					
Principal Place of Business 100 THERMON DRIVE SAN MARCOS, TX 78666		Mailing Address P.O. BOX 609 SAN MARCOS, TX 78666			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>17-4224879</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ DATE _____					
<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 11		
TITLE	PCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURDICK, RICHARD L		NAME		
STREET ADDRESS	1030 BELVIN STREET		STREET ADDRESS		
CITY-ST-ZIP	SAN MARCOS, TX 78666		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURDICK, MARK		NAME		
STREET ADDRESS	220 PAMPAS PASS		STREET ADDRESS		
CITY-ST-ZIP	SAN MARCOS, TX 78666		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHULTE, FRED		NAME		
STREET ADDRESS	11029 BALLYBUNION PLACE		STREET ADDRESS		
CITY-ST-ZIP	AUSTIN, TX 78747		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAYLESS, CHARLES E		NAME		
STREET ADDRESS	7300 NORTH SUNSET CANYON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TUCSON, AZ 86718		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COX, GLENN		NAME		
STREET ADDRESS	2306 STONEWALL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BARTLESVILLE, OK 74006		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERTS, ROY		NAME		
STREET ADDRESS	317 PINE RIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304		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)(1), 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 the 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: <i>Fred Schulte</i>			Date: 2-13-03		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Business Phone # (512) 396-5801		

CR2E034 (10/02)