

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90373 018 ***150.00

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DOCUMENT # F01000002180

1. Entity Name
THE POTOMAC GROUP & ASSOCIATES, INC.



Principal Place of Business
**C/O SPX CORPORATION
700 TERRACE POINT DRIVE
MUSKEGON MI 49443**

Mailing Address
**C/O SPX CORPORATION
700 TERRACE POINT DRIVE
MUSKEGON MI 49443**



2. Principal Place of Business
**13515 Ballantyne Corporate Place
Charlotte, NC 28277**

3. Mailing Address
**13515 Ballantyne Corporate Place
Charlotte, NC 28277**

☒ CHECK HERE IF MAKING CHANGES

City & State
Charlotte, NC

4. FEI Number **38-3514932**
Applied For
☐ Not Applicable

Zip Country
28277 NC

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V <input checked="" type="checkbox"/> Delete		TITLE	Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CROSS, ARTHUR R		NAME	Ronald Giza	
STREET ADDRESS	700 TERRACE POINT DRIVE		STREET ADDRESS	13515 Ballantyne Corporate Place	
CITY-ST-ZIP	MUSKEGON MI 49443		CITY-ST-ZIP	Charlotte, NC 28277 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	DVS <input type="checkbox"/> Delete		TITLE		
NAME	KEARNEY, CHRISTOPHER J		NAME	13515 Ballantyne Corporate Place	
STREET ADDRESS	700 TERRACE POINT DRIVE		STREET ADDRESS	Charlotte, NC 28277 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	MUSKEGON MI 49443		CITY-ST-ZIP		
TITLE	DVT <input type="checkbox"/> Delete		TITLE		
NAME	O'LEARY, PATRICK J		NAME	13515 Ballantyne Corporate Place	
STREET ADDRESS	700 TERRACE POINT DRIVE		STREET ADDRESS	Charlotte, NC 28277 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	MUSKEGON MI 49443		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE		
NAME	DORDAL, PETER		NAME	13515 Ballantyne Corporate Place	
STREET ADDRESS	700 TERRACE POINT DRIVE		STREET ADDRESS	Charlotte, NC 28277 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	MUSKEGON MI 49443		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE		
NAME	WINOWIECKI, RON		NAME	13515 Ballantyne Corporate Place	
STREET ADDRESS	700 TERRACE POINT DRIVE		STREET ADDRESS	Charlotte, NC 28277 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	MUSKEGON MI 49443		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: RONALD GIZA
4/2/03
231-724-5774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)