
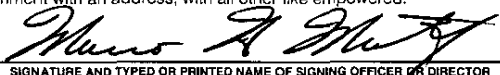


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90328 007 ***150.00

DOCUMENT # F02000000796 1. Entity Name MYRPOWER, INC.			
Principal Place of Business 21 EAST DUDLEY TOWN ROAD, UNIT B BLOOMFIELD, CT 06002		Mailing Address 21 EAST DUDLEY TOWN ROAD, UNIT B BLOOMFIELD, CT 06002	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1701 W. Golf Rd. Suite, Apt. #, etc. Suite 1012	
City & State		City & State Rolling Meadows IL	
Zip 60008	Country	Zip 60008	Country
4. FEI Number 36-4361380		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 - After May 1, 2004 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P KANE, JEROME P 21 EAST DUDLEY TOWN ROAD, UNIT B BLOOMFIELD, CT 06002	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P Steven J. Janaszek 436 Butler St Suite 201 Pittsburgh, PA 15223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V KNAPP, MICHAEL F 1701 WEST GOLF ROAD, SUITE 1012 ROLLING MEADOWS, IL 60008	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V William H. Green 445 Forum Pkway Rural Hall NC 27045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T KOERTNER, WILLIAM A 1701 WEST GOLF ROAD, SUITE 1012 ROLLING MEADOWS, IL 60008	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP T Marco Martinez 1701 W. Golf Rd Suite 1012 Rolling Meadows IL 60008	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD ENGER, GERALD B JR 12150 E. 112TH AVE. HENDERSON, CO 80640	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SKIBITSKY, WILLIAM S 1701 WEST GOLF ROAD, SUITE 1012 ROLLING MEADOWS, IL 60008	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D William A. Koertner 1701 W. Golf Rd Suite 1012 Rolling Meadows IL 60008	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP CONT LEACH, GEORGE 21 EAST DUDLEY TOWN ROAD, UNIT B BLOOMFIELD, CT 06002	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		4/21/04 (847) 901891	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	