

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90375 014 ***150.00

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1. Entity Name
VOGT POWER INTERNATIONAL INC.



Principal Place of Business
**4000 DUPONT CIR.
LOUISVILLE, KY 40207**

Mailing Address
**4000 DUPONT CIR.
LOUISVILLE, KY 40207**

60024203



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3762951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HORVAY, MARC PH.D	
STREET ADDRESS	4000 DUPONT CIR.	
CITY-ST-ZIP	LOUISVILLE, KY 40207	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	HARMON, THOMAS C	
STREET ADDRESS	4000 DUPONT CIRCLE	
CITY-ST-ZIP	LOUISVILLE, KY 40207	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOOD, JAMES F	
STREET ADDRESS	55 FERN CROFT ROAD, SUITE 210	
CITY-ST-ZIP	DANVERS, MA 01923	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRANTL, JAMES S	
STREET ADDRESS	55 FERN CROFT ROAD, SUITE 210	
CITY-ST-ZIP	DANVERS, MA 01923	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRANDANO, ANTHONY A	
STREET ADDRESS	55 FERN CROFT ROAD, SUITE 210	
CITY-ST-ZIP	DANVERS, MA 01923	
TITLE	V	<input type="checkbox"/> Delete
NAME	LECLAIR, MICHAEL D	
STREET ADDRESS	4000 DUPONT CIRCLE	
CITY-ST-ZIP	LOUISVILLE, KY 40207	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL D. LECLAIR	
STREET ADDRESS	4000 DUPONT CIRCLE	
CITY-ST-ZIP	LOUISVILLE, KY 40207	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

THOMAS C. HARMON VP/TREASURER/CFO Daytime Phone #

502-899-4602