

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000004659**

1. Entity Name  
**EMERSON NETWORK POWER SURGE PROTECTION,  
INC.**



Principal Place of Business  
**328 WATER ST.  
BINGHAMTON, NY 13901**

Mailing Address  
**328 WATER ST.  
BINGHAMTON, NY 13901**



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**16-0982288**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BAUER, R.P.
STREET ADDRESS	1050 DEARBORN DR
CITY- ST- ZIP	COLUMBUS, OH 43085
TITLE	D
NAME	BLIND, JEFFREY T
STREET ADDRESS	1050 DEARBORN DR.
CITY- ST- ZIP	COLUMBUS, OH 43085
TITLE	D
NAME	FEENEY, EDWARD K
STREET ADDRESS	1050 DEARBORN DR.
CITY- ST- ZIP	COLUMBUS, OH 43085
TITLE	D
NAME	FIERLE, WILLIAM C
STREET ADDRESS	328 WATER ST.
CITY- ST- ZIP	BINGHAMTON, NY 13901
TITLE	D
NAME	SMITH, HARLEY M
STREET ADDRESS	8000 W. FLORRISANT AVE.
CITY- ST- ZIP	ST. LOUIS, MO 63136
TITLE	D
NAME	RABE, DAVID J
STREET ADDRESS	8000 W. FLORRISANT AVE.
CITY- ST- ZIP	ST. LOUIS, MO 63136

U00000930277  
05/21/08-80103-011 158.75

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

*Daniel Krieger* **Daniel Krieger** 16 APR 2008 607-724-2484