


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000005743 1. Entity Name INFRA SOURCE UNDERGROUND POWER, INC.	
---	---

Principal Place of Business 2936 SOUTH 166TH STREET NEW BERLIN, WI 53151	Mailing Address 2936 SOUTH 166TH STREET NEW BERLIN, WI 53151
--	--



01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 41-1723047	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
--

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO DAILY, PAUL M 2936 SOUTH 166TH STREET NEW BERLIN, WI 53151
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GOTTO, PAUL 2936 SOUTH 166TH STREET NEW BERLIN, WI 53151
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MULLER, WILLIAM H 500 WEST DUTTON MILL ROAD ASTON, PA 19014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MONTGOMERY, TERENCE R 500 WEST DUTTON MILL ROAD ASTON, PA 19014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SCD HELVIG, DAVID R 500 WEST DUTTON MILL ROAD ASTON, PA 19014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000011101  
01/23/04-80025-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 #