

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90212 013 \*\*\*150.00

**DOCUMENT #** F040000006941  
1. Entity Name  
JOHN RYAN ELECTRIC CO., INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
61 RESERVOIR PARK DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
61 RESERVOIR PARK DRIVE  
Suite, Apt. #, etc.

City & State  
ROCKLAND, MA

City & State  
ROCKLAND, MA

Zip  
02370

Country  
PLYMOUTH

Zip  
02370

Country  
PLYMOUTH

4. FEI Number  
04-3304788

Applied For  
 Not Applicable

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

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40064214

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
JOHN S. RYAN

Street Address (P.O. Box Number is Not Acceptable)  
1801 CLACTON DRIVE

City  
ORLANDO

FL

Zip Code  
32837

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 \_\_\_\_\_ REGISTERED AGENT \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

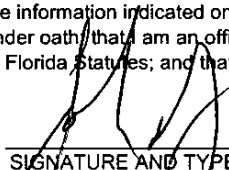
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR JOHN S. RYAN 61 RESERVOIR PARK DR. ROCKLAND, MA 02370
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER EDWARD J. BURNS 36 MAGNOLIA DR. N. ATTLEBORO, MA 02760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLERK JOSEPH MORRISSEY 72 DEERFIELD PATH MIDDLEBORO, MA 02346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT JOHN H. WHITE 84 CENTRAL ST. ABINGTON, MA 02351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:  JOHN S. RYAN, PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 781-681-9650 Daytime Phone #