2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005347

Entity Name: PAR NUCLEAR INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
899 HIGHWAY 96 WEST SHOREVIEW, MN 55126								
Current Mailing Address:				New Mailing Address:				
899 HIGHWAY 96 WEST SHOREVIEW, MN 55126			1330 BEULAH ROAD PITTSBURGH, PA 15235					
FEI Number: 36-3606586 FEI Number Applied For () FEI Number			nber Not Applicable () Certificate of Status Desired ()					
Name and Address of Current Registered Agent: Nam					lame and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US								
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.								
SIGNATURE:								
Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution ().						Date		
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:								
Title: Name: Address: City-St-Zip:	D () E BRENNAN, JAME PO BOX 158 MADISON, PA 15			Title: Name: Address: City-St-Zip:	PRES (X) HOTT, GREGOR 899 HIGHWAY S SHOREVIEW, M	96	on	
Title: Name: Address: City-St-Zip:	D () E IRA, STEPHEN M PO BOX 158 MADISON, PA 15			Title: Name: Address: City-St-Zip:	COO (X) SAKRY, JON B 899 HIGHWAY S SHOREVIEW, M		ion	
Title: Name: Address: City-St-Zip:	DVPT () C GABBIANELLI, RI 4350 NORTHERN MONROEVILLE, I	I PIKE		Title: Name: Address: City-St-Zip:	NORRIS, JOHN 4350 NORTHER	N PIKE	ion	
Title: Name: Address: City-St-Zip:	D () C PEREZ, RICARDO PO BOX 158 MADISON, PA 15	O G		Title: Name: Address: City-St-Zip:	SEC (X) COATES, RAMS 4350 NORTHER MONROEVILLE,	N PIKE	ion	
Title: Name: Address: City-St-Zip:	P () E HOLT, GREGOR' 899 HIGHWAY 96 SHOREVIEW, MN	6 WEST		Title: Name: Address: City-St-Zip:	AS (X) SWEENEY, MIC 899 HIGHWAY S SHOREVIEW, M	6 WEST	ion	
Title: Name: Address: City-St-Zip:	COO (X) E SAKRY, JON B 899 HIGHWAY 96 SHOREVIEW, MN			Title: Name: Address: City-St-Zip:	()	Change () Additi	on	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. RAMSEY COATES VP 04/29/2008