

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005347

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: PAR NUCLEAR INC.

**Current Principal Place of Business:**

899 HIGHWAY 96 WEST  
SHOREVIEW, MN 55126

**New Principal Place of Business:**

**Current Mailing Address:**

1330 BEULAH ROAD  
PITTSBURGH, PA 15235

**New Mailing Address:**

FEI Number: 36-3606586      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: HOTT, GREGORY  
Address: 899 HIGHWAY 96  
City-St-Zip: SHOREVIEW, MN 55216

Title: COO ( ) Delete  
Name: SAKRY, JON B  
Address: 899 HIGHWAY 96  
City-St-Zip: SHOREVIEW, MN 55216

Title: VP ( ) Delete  
Name: NORRIS, JOHN M  
Address: 4350 NORTHERN PIKE  
City-St-Zip: MONROEVILLE, PA 15146

Title: SEC ( ) Delete  
Name: COATES, RAMSEY  
Address: 4350 NORTHERN PIKE  
City-St-Zip: MONROEVILLE, PA 15146

Title: AS ( ) Delete  
Name: SWEENEY, MICHAEL T  
Address: 899 HIGHWAY 96 WEST  
City-St-Zip: SHOREVIEW, MN 55126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

V.P.

04/21/2009

\_\_\_\_\_ Date