

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001885

1. Entity Name

POWER DISTRIBUTION SERVICES, INC.

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90081 010 \*\*\*150.00

Principal Place of Business

9870 CRESCENT PARK DR.  
WEST CHESTER OH 45069

Mailing Address

C/O SQUARE D COMPANY  
1415 S. ROSELLE RD  
PALATINE IL 60067

00011041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1147591**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete  
NAME **MCCLOY, WILLIAM A**  
STREET ADDRESS **9870 CRESCENT PARK DR**  
CITY-ST-ZIP **WEST CHESTER OH 45069**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KUENNE, EDWARD J**  
STREET ADDRESS **9870 CRESCENT PARK DR**  
CITY-ST-ZIP **WEST CHESTER OH 45069**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **MCDONALD, PATRICK L**  
STREET ADDRESS **2911 LANGFORD DR**  
CITY-ST-ZIP **MURFREESBORO TN 37129**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **JAPLON, HOWARD E**  
STREET ADDRESS **934 CLINTON PLACE**  
CITY-ST-ZIP **RIVER FOREST IL 60305**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AS** ☐ Delete  
NAME **HARRIS, RHONDA**  
STREET ADDRESS **9870 CRESCENT PARK DR**  
CITY-ST-ZIP **WEST CHESTER OH 45069**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 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 #

CR2E034 (10/00)

Power Distribution Services, Inc.

OFFICERS & DIRECTORS

Attachment  
C6011841  
D#F94000001885

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>	<u>Social Security #</u>
Patrick L. McDonald	2911 Longford Drive Murfreesboro, TN 37129	President & Director	307-52-1868
Eric Jackson	128 Clarendon Circle Franklin, TN 37064	Vice President & Treasurer	335-60-3742
William A. McCloy	9870 Crescent Park Drive West Chester, OH 45069	Vice President & Director	284-70-0090
Howard E. Japlon	934 Clinton Place River Forest, IL 60305	Secretary	357-46-5659
Rhonda Harris	9870 Crescent Park Drive West Chester, OH 45069	Assistant Secretary	
Vincent A. Inendino	1709 Waterville Lane Schaumburg, IL 60194	Director	355-58-0206
Edward J. Kuehne	9870 Crescent Park Drive West Chester, OH 45069	Director	
Franklin B. Sullivan	32 Duxbury Drive Barrington, IL 60010	Director	043-50-3740

November 30, 1998