FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 14 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002635 (0)**

1. Corporation Name

THE UTILITY SUPPLY GROUP, INC.

Principal Place of Business	Mailing Address
12 PIEDMONT CENTER SUITE 210 ATLANTA GA 30305	12 PIEDMONT CENTER SUITE 210 ATLANTA GA 30305

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/20/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 200 Hwy 6 West	26 PO Box 8328
Suite, Apt. #, etc. 22 Suite 620	Suite, Apt. #, etc. 27
City & State 23 WACO TX	City & State 28 WACO TX
Zip / Country 24 76712 / 25 USA	Zip / Country 29 76714 / 30 USA

4. FEI Number: 58-2101016 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	HORNISH, HARRY K	12 NAME	
STREET ADDRESS	2400 FRANKLIN AVENUE	13 STREET ADDRESS	200 Hwy 6 West Suite 620
CITY-ST-ZIP	WACO TX	14 CITY-ST-ZIP	WACO TX 76712
TITLE	V	21 TITLE	☑ Change ☐ Addition
NAME	JORDAN, MICKEY	22 NAME	
STREET ADDRESS	2400 FRANKLIN AVENUE	23 STREET ADDRESS	200 Hwy 6 West Suite 620
CITY-ST-ZIP	WACO TX	24 CITY-ST-ZIP	WACO TX 76712
TITLE	ST	31 TITLE	☑ Change ☐ Addition
NAME	SLAUGHTER, MECHELLE	32 NAME	
STREET ADDRESS	2400 FRANKLIN AVENUE	33 STREET ADDRESS	200 Hwy 6 West Suite 620
CITY-ST-ZIP	WACO TX	34 CITY-ST-ZIP	WACO TX 76712
TITLE	CD	41 TITLE	☐ Change ☐ Addition
NAME	DAVIES, WILLIAM A	42 NAME	
STREET ADDRESS	12 PIEDMONT CENTER	43 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP	
TITLE	ASD	51 TITLE	☐ Change ☐ Addition
NAME	MCLEAN, BART A	52 NAME	
STREET ADDRESS	12 PIEDMONT CENTER	53 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Michelle L Slaughter VP Controller 3-23-95 817 772 5355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0360721 FP