

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002635 (0)

1. Corporation Name

THE UTILITY SUPPLY GROUP, INC.

Principal Place of Business

200 HWY 6 WEST
SUITE 620
WACO TX 76712
US

Mailing Address

PO BOX 8328
WACO TX 76714-8328
US



3. Date Incorporated or Qualified 05/20/1994 3a. Date of Last Report 03/26/1996

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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 21 1820 Metcalf Ave 2a. Mailing Address 26 1820 Metcalf Ave

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State 23 Thomasville, GA 27 City & State 28 Thomasville, GA

Country 29 Country 30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HORNISH, HARRY K	
STREET ADDRESS	200 HWY 6 WEST, SUITE 620	
CITY-ST-ZIP	WACO TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JORDAN, MICKEY	
STREET ADDRESS	200 HWY 6 WEST, SUITE 620	
CITY-ST-ZIP	WACO TX	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SLAUGHTER, MECHELLE	
STREET ADDRESS	200 HWY 6 WEST, SUITE 620	
CITY-ST-ZIP	WACO TX	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIES, WILLIAM A	
STREET ADDRESS	12 PIEDMONT CENTER	
CITY-ST-ZIP	ATLANTA GA	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	MCLEAN, BART A	
STREET ADDRESS	12 PIEDMONT CENTER	
CITY-ST-ZIP	ATLANTA GA	
TITLE	ASST. SECRETARY	<input type="checkbox"/> DELETE
NAME	KATHERINE M. DREW	
STREET ADDRESS	1901 S. PRAIRIE AVE.	
CITY-ST-ZIP	WAUWATOSA, WI 53188	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VP S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAMIAN C Georgino
4.3 STREET ADDRESS	40-004 COOK ST.
4.4 CITY-ST-ZIP	PALM DESERT, CA 92211
5.1 TITLE	V.P. Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	James W. Dierker
5.3 STREET ADDRESS	40004 COOK ST.
5.4 CITY-ST-ZIP	PALM DESERT, CA 92211
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

414-521-8504

Date

Daytime Phone #

CR2E034 (9/96)