

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000000829 (0)**

1. Corporation Name
ELECTRIC POWER SYSTEMS, INC.



Principal Place of Business: **8 WORTHINGTON DR. MARYLAND HEIGHTS MO 63043**
Mailing Address: **8 WORTHINGTON DR. MARYLAND HEIGHTS MO 63043**

3. Date Incorporated or Qualified: **02/20/1995**
3a. Date of Last Report: **02/20/1995**
4. FEI Number: **43-1161444**
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21: Suite, Apt #, etc.
22: City & State
23: Zip, Country
24: Zip, Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALDROP, ROBERT
~~1702 SOUTH ORANGE~~ **1202 C WEST CENTRAL BLVD.**
~~ORLANDO FL 32806~~ **32805**

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

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: *Robert Waldrop* **ROBERT WALDROP, DISTRICT MANAGER** DATE: **4/23/96**

12. OFFICERS AND DIRECTORS

TITLE: **PD** DELETE
NAME: **REED, CHARLES F**
STREET ADDRESS: **8 WORTHINGTON DR.**
CITY-ST-ZIP: **MARYLAND HEIGHTS MO**

TITLE: **S** DELETE
NAME: **REED, MARY A**
STREET ADDRESS: **8 WORTHINGTON DR.**
CITY-ST-ZIP: **MARYLAND HEIGHTS MO**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY-ST-ZIP:

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP:

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-ST-ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY-ST-ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
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)(k) 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, 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: *Charles F. Reed* **CHARLES F. REED** DATE: **4/23/96** (314)469-6771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Print Name)

CR2E034 (12/95)