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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

(314) 469-6771

0499227

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500000829 (0)

ELECTRIC POWER SYSTEMS, INC.

Principal Place of Business Maiting Address 8 WORTHINGTON DR. 8 WORTHINGTON DR. MARYLAND HEIGHTS MO 63043 MARYLAND HEIGHTS MO 63043-3806 3. Date Incorporated or Qualified 3a. Date of Last Report 02/20/1995 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 <u>43-1161444</u> Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Ř1 Name WALDROP, ROBERT JACE 0. OTT 1202 C W CENTRAL BLVD 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32805 1202 C W. CENTRAL 83 Zip Code 84 City ORLANDO 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 C (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition 71TLE PD REED. CHARLES F 1.2 NAME NAME 8 WORTHINGTON DR. 1,3 STREET ADDRESS STREET ADDRESS MARYLAND HEIGHTS MO 1.4 CITY - ST- ZIP DITY-ST-2P DELETE TITLE 2.1 TITLE Change Addition REED, MARY A 2.2 NAME NAME 8 WORTHINGTON DR. STREET ADDRESS 2.3 STREET ADDRESS MARYLAND HEIGHTS MO CHY-ST-7P 2 4 CITY+ST-ZIP DELETE Change Addition TITLE 31 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY - \$1 - 715 DELETE Change Addition TIFLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-20 Change Addition DELETE THE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition THELE 6.1 TITLE NAM: 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 inclicated 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 eath; 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.