


**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

06-23-2003 90062 024 \*\*\*550.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

6/2

**55051524**

<b>DOCUMENT # F95000000829</b>					
1. Entity Name <b>ELECTRIC POWER SYSTEMS, INC.</b>					
Principal Place of Business 21 MILLPARK CT MARYLAND HEIGHTS MO 63043 US		Mailing Address 21 MILLPARK CR MARYLAND HEIGHTS MO 63043 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>43-1161444</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>OTT, JACE D</b> <b>4436 PARKWAY COMMERCE BLVD</b> <b>ORLANDO FL 32805</b>			Name <b>CT CORPORATION SYSTEM</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 SOUTH PINE ISLAND ROAD</b> City <b>PLANTATION FL</b> Zip Code <b>33324</b>		
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. I am familiar with, and accept the obligations of registered agent. <b>PETER F. SOUZA</b> ASSISTANT SECRETARY SIGNATURE _____ DATE <b>6/18/03</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REED, CHARLES F		NAME		
STREET ADDRESS	21 MILLPARK CT		STREET ADDRESS		
CITY-ST-ZIP	MARYLAND HEIGHTS MO		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REED, MARY A		NAME		
STREET ADDRESS	21 MILLPARK CT		STREET ADDRESS		
CITY-ST-ZIP	MARYLAND HEIGHTS MO		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____		<b>REQUIRED</b> <b>CHARLES P. REED</b> <b>PRESIDENT</b>		<b>6/18/03</b> <b>314-890-4449</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E034 (10/02)