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Feb 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000001606 (1)

1. Corporation Name:

EXIDE ELECTRONICS INTERNATIONAL CORP.



Principal Place of Business

8609 SIX FORKS RD  
RALEIGH NC 27615  
US

Mailing Address

8609 SIX FORKS RD  
RALEIGH NC 27615-2966  
US

3. Date Incorporated or Qualified

04/03/1995

3a. Date of Last Report

02/05/1996

2. Principal Place of Business

21 8609 SIX FORKS ROAD

Suite, Apt. #, etc.

22

City & State

23 Raleigh NC

Zip

24 27615

Country

25 USA

2a. Mailing Address

26 8609 SIX FORKS RD

Suite, Apt. #, etc.

27

City & State

28 Raleigh NC

Zip

29 27615

Country

30 USA

4. FEI Number

23-2119206

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

9. Name and Address of Current Registered Agent

CT 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 D  
NAME KNOX, LANCE L  
STREET ADDRESS 200 N LASALLE ST.  
CITY- ST- ZIP CHICAGO IL 60601 ☐ DELETE

TITLE D  
NAME PLIMPTON, CONRAD A  
STREET ADDRESS 34 CHAMBERS ST.  
CITY- ST- ZIP PRINCETON NJ 08542 ☐ DELETE

TITLE CEOP  
NAME RISHER, JAMES A  
STREET ADDRESS 8609 SIX FORKS RD  
CITY- ST- ZIP RALEIGH NC ☐ DELETE

TITLE VS  
NAME COSTANZA, NICHOLAS J  
STREET ADDRESS 8609 SIX FORKS RD  
CITY- ST- ZIP RALEIGH NC ☐ DELETE

TITLE VTAS  
NAME KITTRELL, MARTY R  
STREET ADDRESS 8609 SIX FORKS RD  
CITY- ST- ZIP RALEIGH NC ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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

Date

Daytime Phone #

1-31-97 (919) 872-3020

CR2E034 (9/96)