

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90005 018 ***158.75

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1. Entity Name
HIGH VOLTAGE MAINTENANCE CORPORATION



Principal Place of Business

**5100 ENERGY DR.
DAYTON, OH 45414**

Mailing Address

**8760 ORION PL
STE 110
COLUMBUS, OH 43240 US**

60011209



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-0725293

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
BAUER, C.T.
8000 W. FLORISSANT AVENUE
ST. LOUIS, MO 63136**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
MOON, D.C.
8000 W. FLORISSANT AVENUE
ST. LOUIS, MO 63136**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SMITH, H.M.
8000 W. FLORISSANT AVENUE
ST. LOUIS, MO 63136**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TAS
FOLEY, MJ
8760 ORION PLACE STE 110
COLUMBUS, OH 43240**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

M J Foley Treasurer/Asst. Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/06