

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90538 044 ***158.75

DOCUMENT # F96000000374

1. Entity Name
HIGH VOLTAGE MAINTENANCE CORPORATION



Principal Place of Business
5100 ENERGY DR.
DAYTON OH 45414

Mailing Address
5100 ENERGY DR.
DAYTON OH 45414
US

2. Principal Place of Business

3. Mailing Address
8760 Orion Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 110

City & State

City & State
Columbus, Ohio

Zip

Country

Zip

Country

43240

U.S.

4. FEI Number
31-0725293

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

TITLE AT ☐ Delete
NAME DELLAQUILA, F.J.
STREET ADDRESS 8000 W. FLORISSANT AVENUE
CITY-ST-ZIP ST. LOUIS MO 63136

TITLE PD ☐ Delete
NAME LUSSIER, R.R.
STREET ADDRESS 5 CAPITAL DRIVE
CITY-ST-ZIP WALLINGFORD CT 06492

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

TITLE TAS ☐ Delete
NAME GILLEY, S.H. T
STREET ADDRESS 8760 ORION PLACE
CITY-ST-ZIP COLUMBUS OH 43240

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)