FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90049 019 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005675

1. Entity Name
POWER TECHNOLOGIES, INC.

DO NOT WRITE IN THIS SPACE

20015980

2. Principal Place of Business	3. Mailing Address
1219 DIGITAL DRIVE	1500 PRODELIN DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: RICHARDSON, TX	City & State: NEWTON, NC
Zip: 75081 Country: USA	Zip: 28658 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 13-3912162 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable):
1200 SOUTH PINE ISLAND ROAD

City: PLANTATION FL Zip Code: 33324

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	MARVIN SHOWMAKE
STREET ADDRESS	1500 PRODELIN DRIVE
CITY-ST-ZIP	NEWTON, NC 28658
TITLE	EXECUTIVE VICE PRESIDENT
NAME	RONALD K. BOYD
STREET ADDRESS	1500 PRODELIN DRIVE
CITY-ST-ZIP	NEWTON, NC 28658
TITLE	ASST. TREASURER
NAME	MARK SCHALK
STREET ADDRESS	1500 PRODELIN DRIVE
CITY-ST-ZIP	NEWTON, NC 28658
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Ronald K Boyd Ronald K. Boyd 1/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #