2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 20, 2009
Secretary of State

DOCUMENT# F97000006474

Entity Name: ELECTRICAL RELIABILITY SERVICES, INC.

Current Principal Place of Business:

5911 COUNTRY LAKES DRIVE
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

8760 ORION PLACE
SUITE 110
COLUMBUS, OH 43240

New Mailing Address:

FEI Number: 94-1742896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DANIEL, ROBERT
Address: 8760 ORION PLACE, STE 110
City-St-Zip: COLUMBUS, OH 43240

Title: S ( ) Delete
Name: LUBKING, P A
Address: 6900 KOLL CENTER PARKWAY
City-St-Zip: PLEASANTON, CA 94566

Title: VP ( ) Delete
Name: MOON, DAVID C
Address: 8000 WEST FLORISSANT AVENUE
City-St-Zip: SAINT LOUIS, MO 63136

Title: AS ( ) Delete
Name: BAUER, C T
Address: 8000 WEST FLORISSANT AVENUE
City-St-Zip: SAINT LOUIS, MO 63136

Title: TAS ( ) Delete
Name: FOLEY, MJ
Address: 8760 ORION PLACE, SUITE 110
City-St-Zip: COLUMBUS, OH 43240

Title: ASD ( ) Delete
Name: WESTMAN, TIMOTHY G
Address: 8000 W. FLORISSANT AVE.
City-St-Zip: ST. LOUIS, MO 63136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPAS (X) Change ( ) Addition
Name: MOON, DAVID C
Address: 8000 WEST FLORISSANT AVENUE
City-St-Zip: SAINT LOUIS, MO 63136

Title: VP (X) Change ( ) Addition
Name: SULLIVAN, JEFFREY W
Address: 1002 S. GRAYCROFT AVE.
City-St-Zip: MADISON, TN 37115

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MJ FOLEY TAS 08/20/2009

Electronic Signature of Signing Officer or Director — Date