## 2001 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

3. 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.

NORTH FOURTH STREET JEANNETTE PA 15644

ELLIOTT MAGNETEK POWER SYSTEMS, INC.

DOCUMENT # F920000 1267

Country

3. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

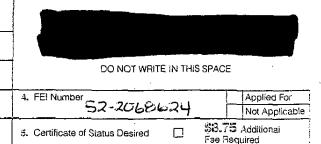
Zip

58 ELLIOTI POWER DRIVE

LEWNGTON, TN 36351

## FILED May 19, 2001 8:00 am Secretary of State 05-19-2001 90282 024 \*\*\*150.00

768500



DATE

7. Name and Address of New Registered Agent-

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

City

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

City

(NOTE: Registered Agent signature required when reinstating)

Country

TO THE TOWN OF FETS 150 HOLD TO THE 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing the Attention of 2001 Feetwill be \$550.00. :85.00 Nav 3e Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS i 1. 12. TITLE Addition TITLE Delete ASSARD, DAVID G STREET ADDRESS STREET ADDRESS NORTH FOURTH STREET CITY-ST-ZIP CITY-ST-7IP JEANNETTE PA 15644 ☐ Addition TITLE ☐ Delete TITLE BRENZIA JOHN N. NAME STREET ADDRESS NORTH FOURTH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JEANNETTE PA Change Addition Addition TITLE ☐ Delete TITLE COX, WILLIAM K NAME NAME STREET ADDRESS NORTH FOURTH STREET STREET ADDRESS CITY-ST-7IP **JEANNETTE PA 15644** CITY-ST-7IP TITLE Delete Change Addition TITLE BURNHAM, DOUGLAS R. NAME NAME 2401 S. E. MOURCE ST. STREET ADDRESS STREET ADDRESS STUART, FL 34997 City-st-zip CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE GREECE RICHARD G. NAME NAME 2401 S.E. MONROEST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUMET, FL 349917 CITY-ST-ZIP TITLE Addition Delete TITLE Change · NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 507, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM K. COX

4/30/01

724-600-6196

Daytime Phone #