

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90282 024 ***150.00

DOCUMENT # F98000001287
 1. Entity Name
 ELLIOTT MAENETEK POWER SYSTEMS, INC.

Principal Place of Business Mailing Address
 58 ELLIOTT POWER DRIVE NORTH FOURTH STREET
 LEWINGTON, TN 38351 JEANNETTE PA 15644

768500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number 52-2068624 Applied For Not Applicable

5. Certificate of Status Desired \$3.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEES \$150.00
 After May 19, 2001 Fee will be \$550.00
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 may be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	ASSARD, DAVID G	
STREET ADDRESS	NORTH FOURTH STREET	
CITY-ST-ZIP	JEANNETTE PA 15644	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRENZIA JOHN N.	
STREET ADDRESS	NORTH FOURTH STREET	
CITY-ST-ZIP	JEANNETTE PA	
TITLE	S	<input type="checkbox"/> Delete
NAME	COX, WILLIAM K	
STREET ADDRESS	NORTH FOURTH STREET	
CITY-ST-ZIP	JEANNETTE PA 15644	
TITLE	P	<input type="checkbox"/> Delete
NAME	BURNHAM, DOUGLAS R.	
STREET ADDRESS	2401 S. E. MOURCE ST.	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	V	<input type="checkbox"/> Delete
NAME	GREECE, RICHARD G.	
STREET ADDRESS	2401 S. E. MOURCE ST.	
CITY-ST-ZIP	STUART, FL 34997	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William K. Cox* WILLIAM K. COX 4/20/01 724-600-8196
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #