


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000001287**

1. Entity Name  
 ELLIOTT POWER SYSTEMS, INC.



Principal Place of Business: 58 ELLIOTT POWER DRIVE, LEXINGTON, TN 38351 US

Mailing Address: 901 NORTH FOURTH STREET, JEANNETTE, PA 15644 US

**DO NOT WRITE IN THIS SPACE**



05052005 No Chg-P CR2E034 (10/03)

4. FEI Number: 52-2068624 Applied For / Not Applicable

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

5. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	VCFO
NAME	ITABASHI, ICHIRO
STREET ADDRESS	901 NORTH FOURTH ST.
CITY-STATE-ZIP	JEANNETTE, PA 15644
TITLE	VP
NAME	DYKTA, JOSEPH K
STREET ADDRESS	901 NORTH FOURTH ST.
CITY-STATE-ZIP	JEANNETTE, PA 15644
TITLE	S
NAME	COX, WILLIAM
STREET ADDRESS	901 NORTH FOURTH STREET
CITY-STATE-ZIP	JEANNETTE, PA 15644
TITLE	P
NAME	MALONEY, DONAL
STREET ADDRESS	901 NORTH FOURTH ST.
CITY-STATE-ZIP	JEANNETTE, PA 15644
TITLE	T
NAME	STEINMETZ, CHARLES T
STREET ADDRESS	901 NORTH FOURTH ST.
CITY-STATE-ZIP	JEANNETTE, PA 15644
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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12. 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 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: X William K. Cox 5/5/05 724-600-8196  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #