

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001569

FILED
Jun 30, 2009
Secretary of State

Entity Name: MITSUBISHI ELECTRIC POWER PRODUCTS, INC.

Current Principal Place of Business:

530 KEYSTONE DRIVE
WARRENDALE, PA 15086

New Principal Place of Business:

Current Mailing Address:

530 KEYSTONE DRIVE
WARRENDALE, PA 15086

New Mailing Address:

FEI Number: 25-1513249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: BARNA, ROGER L
Address: 530 KEYSTONE DRIVE
City-St-Zip: WARRENDALE, PA 15086

Title: VD () Delete
Name: HORA, KEIJIRO
Address: 530 KEYSTONE DRIVE
City-St-Zip: WARRENDALE, PA 15086

Title: VDST () Delete
Name: HAMPTON, BRUCE
Address: 530 KEYSTONE DRIVE
City-St-Zip: WARRENDALE, PA 15086

Title: PD () Delete
Name: GREAF, JACK
Address: 530 KEYSTONE DRIVE
City-St-Zip: WARRENDALE, PA 15086

Title: AS () Delete
Name: OLSCHWANG, ALAN P
Address: 5665 PLAZA DRIVE
City-St-Zip: CYPRESS, CA 90630

Title: AS () Delete
Name: WADE, SALLY
Address: 530 KEYSTONE DRIVE
City-St-Zip: WARRENDALE, PA 15086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: GREAF, JACK
Address: 530 KEYSTONE DRIVE
City-St-Zip: WARRENDALE, PA 15086

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

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

Title: PD (X) Change () Addition
Name: HEERY, BRIAN
Address: 530 KEYSTONE DRIVE
City-St-Zip: WARRENDALE, PA 15086

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: BRUCE J. HAMPTON

Electronic Signature of Signing Officer or Director

VDST

06/30/2009

_____ Date