**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 13, 2002 8:00 am DOCUMENT # F99000002294 **Secretary of State** 1. Entity Name KNIGHT ELECTRICAL SERVICES CORP. 02-13-2002 90166 019 \*\*\*150.00 Principal Place of Business Mailing Address 111 EIGHTH AVENUE 111 EIGHTH AVENUE NEW YORK NY 10011-5298 NEW YORK NY 10011-5298 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 13-1915265 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Fax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) TITLE ☐ Delete Change Addition TITLE NAME HINMAN, BRUCE NAME CR2E034 STREET ADDRESS 111 EIGHTH AVENUE STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP [] Change Addition TITLE ☐ Delete TITLE NAME KIELKUCKI, PHILIP NAME STREET ADDRESS STREET ADDRESS 111 EIGHTH AVENUE CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY ------☐ Change . ☐ Addition TITLE ☐ Delete TITLE NAME KLEINKNECHT, PETER NAME STREET ADDRESS STREET ADDRESS 960 REEF ROAD CITY-ST-7IP CITY-ST-ZIP VERO BEACH FL ☐ Change ☐ Delete TITLE ☐ Addition TITLE KLEINKNECHT, MAUREEN NAME NAME STREET ADDRESS 960 REEF ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-7IP vero beach fl ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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.

BRUCE E. HIMMAN