

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90027 035 ***150.00

DOCUMENT # **K83308**

1. Entity Name
POWELL ELECTRONICS WASHINGTON, INC.

Principal Place of Business

3540 W. PROSPECT RD.

PHILADELPHIA PA 19133

Mailing Address

4848 S ISLAND RD

PHILADELPHIA PA 19101

2. Principal Place of Business

3540 W. Prospect Rd

Suite, Apt. #, etc.

3. Mailing Address

4848 S Island Rd

Suite, Apt. #, etc.

City & State

Ft. Lauderdale FL

City & State

Philadelphia PA

4. FEI Number

52-0787395

Applied For

Not Applicable

Zip

33309

Country

USA

Zip

19153

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGAIN, TREVOR

3540 W. PROSPECT RD.

FT. LAUDERDALE FL 33309

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

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

(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!!! FEE IS \$150.00
After May 14, 2002, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WOLFSON, MERLE A.**
STREET ADDRESS **1600 MARKET ST**
CITY-ST-ZIP **PHILADELPHIA PA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **SCHILLING, ERNEST**
STREET ADDRESS **SOUTH ISLAND ROAD, ENTERPRISE AVENUE**
CITY-ST-ZIP **PHILADELPHIA PA**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4848 S Island Rd**
CITY-ST-ZIP **Philadelphia PA 19153**

TITLE **D** ☐ Delete
NAME **STOCKER, GENE E**
STREET ADDRESS **43 MOORINGS, UNIT A**
CITY-ST-ZIP **KEY LARGO FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VT** ☐ Delete
NAME **CARROLL, ROBERT**
STREET ADDRESS **SOUTH ISLAND ROAD, ENTERPRISE AVENUE**
CITY-ST-ZIP **PHILADELPHIA PA**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4848 S Island Rd**
CITY-ST-ZIP **Philadelphia PA 19153**

TITLE **CHOB** ☐ Delete
NAME **POWELL, HAROLD H**
STREET ADDRESS **4848 S ISLAND RD**
CITY-ST-ZIP **PHILADELPHIA PA 19153**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02 215-937-7111

CR2E034 (9/01)