

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90379 033 \*\*\*150.00

**DOCUMENT # K83308**

1. Entity Name  
**POWELL ELECTRONICS WASHINGTON, INC.**



Principal Place of Business  
**3540 W. PROSPECT RD.**  
**PHILADELPHIA PA 19153**

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**  
Zip  
**33309**  
Country  
**USA**

City & State  
**Philadelphia PA**  
Zip  
**19153**  
Country  
**USA**

4. FEI Number **52-0787395**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MCGAIN, TREVOR**  
**3540 W. PROSPECT RD.**  
**FT. LAUDERDALE FL 33309**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOLFSON, MERLE A.</b> <b>1600 MARKET ST</b> <b>PHILADELPHIA PA</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SCHILLING, ERNEST</b> <b>4848 S ISLOW ROAD</b> <b>PHILADELPHIA PA 19153</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4848 S. Island Road</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STOCKER, GENE E</b> <b>43 MOORINGS, UNIT A</b> <b>KEY LARGO FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>CARROLL, ROBERT</b> <b>4848 S ISLOW ROAD</b> <b>PHILADELPHIA PA 19153</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4848 S. Island Road</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHOB</b> <b>POWELL, HAROLD H</b> <b>4848 S ISLAND RD</b> <b>PHILADELPHIA PA 19153</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: **Signature Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/03** **215-937-7111**  
Date Daytime Phone #

0610071 AT

CR2E034 (10/02)