2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

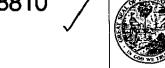
Mailing Address

P01000098810 DOCUMENT

1. Entity Name

Principal Place of Business

PERFORMANCE TECHNOLOGIES, INC.



FILED May 01, 2003 8:00 am § Secretary of State ≥ 05-01-2003 90212 005 777

05-01-2003 90312 006 ***150.00

TALLAHASSEE		TALLAHASSEE FL 32312				
2. Principal P	lace of Business UNTES COSSIVA	3. Mailing Address				
Suite, Apt.		Suite, Apt. #, etc.	- -	CHECK HERE IF MAKING CHANGES		
City & State	harrer, H.	City & State		4. FEI Number 75-3040557 Applied For Not Applicable		
Zip 3231	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
			Name	-		
ray, don	IALD G		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
337 HUN1	TERS CROSSING		Officer Address	335 (T.O. BOX NUMBER 18 NOT ACCEPTEDIE)		
TALLAHAS	SSEE FL 32312					
نر			City	FL Zip Code		
the oblighti	ons of registered agent.		s registered office or regis	istered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	TE: Registered Agent signature requ	quired when reinstating) DATE		
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAY, DONALD G 337 HUNTERS CROSSING TALLAHASSEE FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THE PROPERTY OF STATE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The state of the s	☐ Delete ~ ·	NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A X	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. Thereby o	ertify that the information supplied with	this filing does not qualify to	r the exemption stated in	n 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #