2002 UNIFORM BUSINESS REPORT (UBR)

Midland, MI S5-0656792 No. N	ILED 2002 8:00 am		(R)	rt (UBF	iess repor	rm Busir	unifor	2002
UNISON TRANSFORMER SERVICES, INC. 04-08-2002 90229 002 ****[50.0] 04-08-2002 90229 002 ****[50.0] 04-08-2002 90229 002 ****[50.0] 04-08-2002 90229 002 ****[50.0] 04-08-2002 90229 002 ****[50.0] 04-08-2002 90229 002 ****[50.0] 04-08-2002 90229 002 ****[50.0] 05-08-08-08-08-08-08-08-08-08-08-08-08-08-	rv of State		DOCUMENT # P10103					
Soil RIVERPORT ROAD R								•
Soit RIVERPORT ROAD HENDERPORT ROAD 2. Principal Place of Business 3. Melling Addriess 2.03.0 Dow Center Tax Department Tax Department Tax Department Tax Department Tax Department Midland, MI Zip Country Lor Site Midland, MI Name CT CORPORATION SYSTEM 1200 SPINE ISLAND ROAD PLANTATION FL 33324 City Street Address (P.O. Box Number is Not Acceptable) To Department of State Street Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) To Department of State Street Address of Current Registered Agent Name Accompanies in this statement for the purpose of changing its registered office or registered agent, or born, in the State of Florida. Street Address (P.O. Box Number is Not Acceptable) To Department Name Street Address of Current Registered Agent Name Street Address of P.O. Box Number is Not Acceptable) DAYE Zip Code Street Address of P.O. Box Number is Not Acceptable) DAYE Zip Code Street Address of P.O. Box Number is Not Acceptable) DAYE Street Address of P.O. Box Number is Not Acceptable) DAYE Street Address of P.O. Box Number is Not Acceptable) DAYE Street Address of P.O. Box Number is Not Acceptable) DAYE Street Address of P.O. Box Number is Not Acceptable) DAYE Street Address of P.O. Box Number is Not Acceptable) DAYE Street Address of P.O. Box Number is Not Acceptable Department Acceptable Process Street Address of P.O. Box Number is Not Acceptable Department Street Address					Mailing Address		e of Business	Principal Place
Sulle, Apt. #, etc. Tax Department City & State	1143 HAL STOLF BURN SUSA BURN SUBA SUBA SUBA				2030 DOW CENTER		ORT ROAD	5801 RIVERPO
Sulto, Apt. #, etc. Sulto, Apt. #, etc. Tax Department	iida iili dhah ahah ahun dhun dhah ahun ahah			r	<u> </u>	.	ace of Business	2. Principal Pla
City & State	TE IN THIS SPACE	DO NOT WRITE IN T			Suite, Apt. #, etc.		#, etc.	Suite, Apt. #
Country	Applied For Not Applicable	4. FEI Number 55-0656792	4. F		City & State)	City & State
CT CORPORATION SYSTEM 1200 SPINE ISLAND ROAD PLANTATION FL 33324 City City FL Zip Code City City FL Zip Code City	\$9.75 Additional	5. Certificate of Status Desired	5. C	•	Zip	intry	Coun	Zip
CT CORPORATION SYSTEM 1200 SPINE ISLAND ROAD PLANTATION FL 33324 City 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 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing Trust Fund Contribution. 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. Delete MACE MACE PARKH, NAWZER T 39 OLD RIDGEWAY RD DANBURY CT TITLE SECRETADORISS 39 OLD RIDGEBURY RD. CITY-ST-2P DANBURY CT TITLE TERESTADORISS 39 OLD RIDGEBURY RD. CITY-ST-2P DANBURY CT TITLE TERESTADORISS SIRECTADORISS SIRECTADORISS SIRECTADORISS SIRECTADORISS CITY-ST-2P DANBURY CT TITLE TERESTADORISS SIRECTADORISS SIRECTADORISS SIRECTADORISS SIRECTADORISS SIRECTADORISS SIRECTADORISS CITY-ST-2P DANBURY CT TITLE AS SIRECTADORISS CITY-ST-2P DANBURY CT TITLE CFO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE TERESTADORISS SIRECTADORISS CITY-ST-2P DANBURY CT TITLE CFO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE SECRETADORISS CITY-ST-2P MACDONALD, JOHN 39 OLD RIDGEBURY RD. CITY-ST-2P DANBURY CT TITLE CFO ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE SECRETADORISS CITY-ST-2P MACDONALD, JOHN SIRECTADORISS CITY-ST-2P MACDONALD, JOHN SIRECTADORISS CITY-ST-2P DANBURY CT TITLE AS SIRECTADORISS CITY-ST-2P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE SECRETADORISS CITY-ST-2P MACDONALD, JOHN SIRECTADORISS CITY-ST-2P MACDONALD, JOHN SIRECTADORISS CITY-ST-2P MACDONALD, JOHN SIRECTADORISS CITY-ST-2P MACH AS SISTENT ADDRESS CITY-ST-2P MACH AS SISTENT	legistered Agent	7. Name and Address of New Registe				ddress of Current Re	6. Name and Ad	
1200 SPINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code 6. 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 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See orderia on back) OFFICERS AND DIRECTORS TITLE PARAMH, NAWZER T 30 OLD RIDGEWAY RD DANBURY CT TITLE SIRECT ADDRESS MACDONALD, JOHN SIRECT ADDRESS MACDONALD, JOHN SIRECT ADDRESS MACDONALD, JOHN SIRECT ADDRESS TOTY-ST-ZIP DANBURY CT TITLE NAME SIRECT ADDRESS TOTY-ST-ZIP DANBURY CT TITLE NAME SIRECT ADDRESS SIRECT ADDRESS CITY-ST-ZIP DANBURY CT TITLE CFO SIRECT ADDRESS SIRECT ADDRESS CITY-ST-ZIP DANBURY CT TITLE CFO SIRECT ADDRESS CITY-ST-ZIP DANBURY CT TITLE CFO SIRECT ADDRESS SIRECT ADDRESS CITY-ST-ZIP MID ASSISTANT Secretary S		·				:	ADATION EVETER	CT CODD
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 site if applicable (NOTE Registered Agent agent) are signature required when reinvalatively DATE	e)	Address (P.O. Bo	Street A	1200 S.:PINE ISLAND ROAD				
SIGNATURE Signature, typed or primed name of registered agent and tile if applicable (NOTE. Registered Agent aignature required when reinstating) DATE	FL Zip Code		City	4				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. Change Interest Address And Directors 12. Change Interest Address And Directors 12. Change Interest Address And Directors 13. Change Interestors 14. Change Interestors 15. Officers And Directors 16. Charles And Directors 17. Change Interestors 18. Change Interest	orida.	registered agent, or both, in the State of Florida.	or registered age	egistered office or	e purpose of changing its re	nits this statement for th	named entity submit	8. The above
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITTLE PARAKH, NAWZER T STREET ADDRESS 39 OLD RIDGEWAY RD DANBURY CT ITTLE S MACE MACDONALD, JOHN STREET ADDRESS CITY-ST-ZIP DANBURY CT ITTLE T DANBURY CT ITTLE T TITLE T T T T T T T T T T T T T T T T T T	DATE	e required when reinstating)	nature required when rei	Registered Agent signate	title if applicable. (NOTE: R	d name of registered agent and	Signature, typed or printed n	SIGNATURE _
TITLE PARAKH, NAWZER T STREET ADDRESS CITY-ST-ZIP DANBURY CT CITY-ST-ZIP CITY-ST-ZIP DANBURY CT CITY-ST-ZIP DANBURY CT CITY-ST-ZIP MIdland, MI 48674 TITLE CFO	·	50.00 Trust Fund Contribution.	\$550.00	Fee will be \$5	After May 1, 2002	ects to do so.	equirement and elec	Tax filing re
NAME STREET ADDRESS CITY-ST-ZIP DANBURY CT SOUD RIDGEWAY RD DANBURY CT STREET ADDRESS CITY-ST-ZIP DANBURY CT STREET ADDRESS CITY-ST-ZIP MACDONALD, JOHN 39 OLD RIDGEBURY RD. DANBURY CT TITLE T DANBURY CT TITLE T STREET ADDRESS CITY-ST-ZIP DANBURY CT TITLE T STREET ADDRESS CITY-ST-ZIP DANBURY CT TITLE T STREET ADDRESS CITY-ST-ZIP DANBURY CT TITLE T STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DANBURY CT TITLE T STREET ADDRESS CITY-ST-ZIP DANBURY CT TITLE NAME CITY-ST-ZIP DANBURY CT TITLE NAME CITY-ST-ZIP DANBURY CT TITLE NAME CHESLER, KENNETH B. STREET ADDRESS CITY-ST-ZIP DANBURY CT TITLE NAME STREET ADDRESS CITY-ST-ZIP DANBURY CT TITLE NAME CHESLER, KENNETH B. STREET ADDRESS CITY-ST-ZIP DANBURY CT TITLE NAME STREET ADDRESS CITY-ST-ZIP DANBURY CT TITLE AS STREET ADDRESS CITY-ST-ZIP Midland, MI 48674 TITLE AS STREET ADDRESS CITY-ST-ZIP Midland, MI 48674 TITLE AS STREET ADDRESS CITY-ST-ZIP Midland, MI 48674 TITLE AS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Midland, MI 48674 TITLE AS STREET ADDRESS CITY-ST-ZIP Midland, MI 48674 TITLE AS STREET ADDRESS STR				12.	RECTORS	OFFICERS AND DIF		11.
TITLE S NAME MACDONALD, JOHN STREET ADDRESS CITY-ST-ZIP DANBURY CT TITLE T NAME STREET ADDRESS CITY-ST-ZIP DANBURY CT TITLE T NAME STREET ADDRESS CITY-ST-ZIP MIDGEWAY RD STREET ADDRESS CITY-ST-ZIP DANBURY CT TITLE T NAME STREET ADDRESS CITY-ST-ZIP DANBURY CT TITLE CFO		Dennis C. Macauley 39 Old Ridgebury Road	Dennis 39 Old	NAME STREET ADDRESS	· Kan Delete		PARAKH, NAWZI 39 OLD RIDGEW	NAME STREET ADDRESS
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME CHESLER, KENNETH B. STREET ADDRESS CITY-ST-ZIP DANBURY CT TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME NAME CHESLER, KENNETH B. STREET ADDRESS CITY-ST-ZIP DANBURY CT TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME CHESLER, KENNETH B. STREET ADDRESS CITY-ST-ZIP DANBURY CT TITLE AS STREET ADDRESS CITY-ST-ZIP Midland, MI 48674 TITLE AS STREET ADDRESS CITY-ST-ZIP Midland, MI 48674 TITLE ASSISTANT Secretary NAME NAME NAME NAME NAME NAME NAME NAME		Secretary Mark D. Tucker 2030 Dow Center	Secreta Mark D 2030 Do	NAME STREET ADDRESS	∑ Delete		S MACDONALD, JO 39 OLD RIDGEB	NAME STREET ADDRESS
TITLE CFO	K Change ☐ Addition	Treasurer Campbell Blain 2020 Dow Center	Treasur Campbe 2020 Do	TITLE NAME STREET ADDRESS	I Delete		T FITZPATRICK, JO 39 OLD RIDGEW	TITLE NAME STREET ADDRESS
NAME MOLLOY, ELLEN STREET ADDRESS 39 OLD RIDGEBURY RD NAME Chery1 E. Corbett 2030 Dow Center	K Change ☐ Addition	Assistant Treasurer Charles J. Hahn 2030 Dow Center	Assista Charles 2030 Do	NAME STREET ADDRESS	I ∏ Delete		CFO CHESLER, KENN 39 OLD RIDGEB	NAME STREET ADDRESS
ALMINET II TITULATION III 40014		Assistant Secretary Cheryl E. Corbett	Assista Cheryl 2030 Do	NAME STREET ADDRESS	X] Delete		AS MOLLOY, ELLEN	NAME STREET ADDRESS
TITLE AT Delete TITLE Director Change NAME NAME NAME SEE ATTACHED SHEET STREET ADDRESS CITY-ST-ZIP DANBURY CT 06817 13 Lborchy coeffity that the information symplicid with this filling does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutes Lifter the information symplicid with this filling does not qualify for the exemption stated in Section 119 07(3)(ii) Florida Statutes Lifter the information symplicid with this filling does not qualify for the exemption stated in Section 119 07(3)(ii) Florida Statutes Lifter the information symplicid with this filling does not qualify for the exemption stated in Section 119 07(3)(ii) Florida Statutes Lifter the information symplicid with this filling does not qualify for the exemption stated in Section 119 07(3)(ii) Florida Statutes Lifter the information symplicid with this filling does not qualify for the exemption stated in Section 119 07(3)(ii) Florida Statutes Lifter the information symplicid with this filling does not call the symplicid with this filling does not call the symplicid with this filling does not call the symplicid with the symplicid with this filling does not call the symplicid with the symplicid with this filling does not call the symplicid with the symplicid w		Director SEE ATTACHED SHEET	Directo SEE AT	NAME STREET ADDRESS CITY-ST-ZIP	·	BURY RD 06817	AT MCGOVERN, PH 38 OLD RIDGEB DANBURY CT 06	NAME STREET ADDRESS

I hereby certify that the information supplied with this filling 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.

| Charles J. Hahn | Treasurer | 1/18/02 | 989-636-2230 |
| Charles J. Hahn | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daysime Phone #

UNISON Transformer Services, Inc.

Principal Place of

Business:

5801 Riverport Road

Henderson, KY 42420

USA

Attachment + AD103

Directors

Campbell Blain C R Guimaraes

Dennis C. Macauley

Title

Director Director

Director

Business Address

2020 Dow Center, Midland, MI 48674

2301 Brazosport Boulevard, Freeport, TX 77541-3257

39 Old Ridgebury Road, Danbury, CT 06817

Officers

Dennis C. Macauley Campbell Blain Mark D. Tucker Cheryl E. Corbett

Charles J. Hahn

Title

President Treasurer Secretary

Assistant Secretary Assistant Treasurer **Business Address**

39 Old Ridgebury Road, Danbury, CT 06817

2020 Dow Center, Midland, MI 48674 2030 Dow Center, Midland, MI 48674

2030 Dow Center, Midland, MI 48674 2030 Dow Center, Midland, MI 48674

05/24/2001

Page 1