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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P10349** **(9)**

1. Corporation Name
EASTERN ELECTRIC APPARATUS REPAIR COMPANY, INC.

Principal Place of Business	Mailing Address
101 BUSINESS PARK DRIVE SUITE 200 SKILLMAN NJ 08558 US	101 BUSINESS PARK DRIVE SUITE 200 SKILLMAN NJ 08558 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1986	3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-1667633	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / County (30)

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MEEHAN, ROBERT J.	12 NAME	
STREET ADDRESS	166 FAIRWAY DR	13 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	SEYMORE, JOANN	22 NAME	
STREET ADDRESS	35 PARK PL	23 STREET ADDRESS	
CITY-ST-ZIP	PRINCETON NJ	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	SCHLOTTMAN, DAVE	32 NAME	
STREET ADDRESS	344 SALY ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	YARDLEY PA	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CUTLER, STEPHEN	42 NAME	
STREET ADDRESS	101 BUSINESS PARK DR., SUITE 200	43 STREET ADDRESS	
CITY-ST-ZIP	SKILLMAN NJ	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ENGLANDER, ISREAL	52 NAME	
STREET ADDRESS	111 BROADWAY	53 STREET ADDRESS	
CITY ST ZIP	NEW YORK, NY.	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MULHEREN, JOHN	62 NAME	
STREET ADDRESS	30 BROAD STREET, 45TH FLOOR	63 STREET ADDRESS	
CITY ST ZIP	NEW YORK, NY.	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David S. Schlottman Treasurer 5-1-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04M013 EN