

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra R. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25104 (1)  
1. Corporation Name  
STATIC POWER CONVERSION SERVICES, INC.

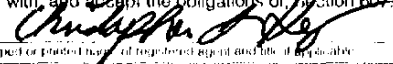
Principal Place of Business 9051 RED BRANCH RD #100 COLUMBIA MD 21045 US	Mailing Address 9051 RED BRANCH RD #100 COLUMBIA MD 21045 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/03/1989 4. FEI Number 52-1448157 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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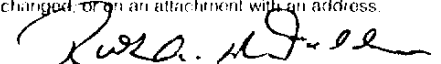
9. Name and Address of Current Registered Agent FRY, MICHAEL J 11121 BRAMBLEBRUSH ST. TAMPA FL 33624	10. Name and Address of New Registered Agent 81 Name CHRISTOPHER J. HERR 82 Street Address (P.O. Box Number is Not Acceptable) 3701 NOLTINGREEN AVE 83 APT 906 84 City TAMPA FL 85 Zip Code 33624
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11. 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: 2-27-98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WEGEMER, THOMAS G. 624 DENHAM RD. ROCKVILLE MD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	4901K COLUMBIA RD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	COLUMBIA, MD 21045
TITLE	STD WEGEMER, VALERIE J. 624 DENHAM RD. ROCKVILLE MD	2.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	RUTH A. MCFADDEN
STREET ADDRESS		2.3 STREET ADDRESS	2824 SCHUBERT DR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SILVER SPRING, MD 20904
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:  RUTH A. MCFADDEN 2-11-98

CR2E034 (10/97)