



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P25104 1. Entity Name STATIC POWER CONVERSION SERVICES, INC.			
Principal Place of Business 9051 RED BRANCH RD SUITE H COLUMBIA, MD 21045 US		Mailing Address 9051 RED BRANCH RD SUITE H COLUMBIA, MD 21045 US	
DO NOT WRITE IN THIS SPACE			
			
		03102004 No Chg-P CR2E034 (10/03)	
4. FEI Number 52-1448157		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERZ, CHRISTOPHER J 19110 GOLDEN CACoon PLACE LUTZ, FL 33558		DO NOT WRITE IN THIS SPACE	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000092786 03/19/04-80022-025-150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEGEMER, THOMAS G. 11238 ALBETH ROAD MARRIOTTSTVILLE, MD 21104	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MCFADDEN, RUTH A 2824 SCHUBERT DR SILVER SPRING, MD 20904		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: <u>Ruth A. McFadden</u>		3/17/04 410-992-7997	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	