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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| | | | DIVISION OF | | | | |
|--|---|--|---|--|--|--|--------------------------------------|
| OCU | MENT # | P3438 | 6 (3) | | | | |
| | A-EXIDE, INC. | | | | | | |
| | | | | | () [1 | <u> </u> | |
| icipal Place | of Business | | Mailing Address | | | | |
| 645 PENN S READING P | * | | 645 PENN ST. READING PA 19601 | | | | |
| | | | | | 3. Date Incorporated or Qualified | 3a. Date of Last | • |
| Principal Pl | ace of Business | | 2a. Mailing Address | | 06/19/1991 4. FEI Number | 05/01/1 | Applied For |
| | BeINVIlle | KOAD | | nuille Kon | 95-2388156 | | Not Applicab |
| Suite, Apt. | | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | 1 1 7 | 5 Additional Required |
| Dity & State | ding, f | <i>7</i> 4 | City & State, 28 Reading, | PA | Election Campaign Financing Trust Fund Coat that its | | 00 May Be |
| | | ountry | Zip | Country | Trust Fund Contribution 8. This corporation has liability for | AU | ed to Fees |
| 196 | | | 29 19605 | 30 | | intangible tax dinder | o 139.032, |
| | 9. Name and A | ddress of Current | Registered Agent | | 10. Name and Address of New R | Registered Agent | |
| | | | | 81 Name | | | |
| | | ORPORATION SY | STEM, INC. | 62 Street | Address (P.O. Box Number is Not Acceptab | ole) | |
| | ORTH MAGNOLIA | | | 83 | | | |
| IALLAN | HASSEE FL 3230 | 1 | | <u> </u> | | | |
| | | | | 84 City | | FL 85 | Zip Code |
| familiar wit | th, and accept the o | bligations of, Section | n 607,0505, Florida Statutes. | a by the corporation s | orporation submits this statement for the pur s board of directors. I hereby accept the app | rpose of changing its ointment as registers | registered off od agent. I am |
| familiar wit | th, and accept the o | THE STATE OF FIORIDA | n 607.0505, Florida Statutes. | s, the above named of by the corporation's E. Registered Agent signature 13. | s board of directors. I hereby accept the appli | rpose of changing its ointment as registers DATE | od agent. I am |
| familiar wit | th, and accept the o | name of registered agent an OFFICERS AND | n 607.0505, Florida Statutes. | O by the corporation s | s board of directors, I hereby accept the application of directors and the specific of the spe | rpose of changing its ointment as registers DATE | ORS IN 12 |
| familiar wit | cth, and accept the o | holigations of, Section OFFICERS AND UHISA | n 607,0505, Florida Statutes. d title if a, plicable (NO) DIRECTORS | E Registered Agent signature 13. 1.1 TITLE 12 NAME | Required when reinstaling ADDITIONS/CHANGES TO OFF | rpose of changing its ointment as registers DATE ICERS AND DIRECT | ORS IN 12 |
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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 change), or on an attackine it with an address.

SIGNATURE:

GNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

610-208-1738 Daytin e Phore #