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FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P35104 (9)
1. Corporation Name
CDI POWER SYSTEMS GROUP, INC.



Principal Place of Business
4040 WOODCOCK DRIVE
200
JACKSONVILLE FL 32207
US

Mailing Address
1717 ARCH ST
35 FL
PHILADELPHIA PA 19103-2713
US

2. Principal Place of Business
21 9550 Regency Square Blvd
Suite, Apt. #, etc.
22 Suite 400
City & State
23 Jacksonville, FL
Zip
24 32225
Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified
08/09/1991

3a. Date of Last Report
02/05/1996

4. FLI Number
59-3078666

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

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

Signature, typed or printed name of registered agent and firm, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
DONALD, JETT
4040 WOODCOCK DR SUITE 200
JACKSONVILLE FL 32207

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
LEWIS, CRAIG H.
1717 ARCH ST 35 FL
PHILADELPHIA PA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/D
JOSEPH, SEIDER
1717 ARCH ST 35TH FL
PHILADELPHIA PA 19103

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MARKLEY, THOMAS R.
1717 ARCH ST 35TH FL
PHILADELPHIA PA

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
NAGLE, ARLINGTON A
1717 ARCH ST 35TH FL
PHILADELPHIA PA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

9550 Regency Square Blvd
Jacksonville, FL 32225

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

SEC

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

T
EROL A. Onur
9550 Regency Square Blvd
Jacksonville, FL 32225

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *Arington A Nagle* Arington A Nagle - AT 4-7-97 615) 569-2200

CR2E034 (9/96)