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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90101 013 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P35104

1. Corporation Name

CDI POWER SYSTEMS GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

9550 REGENCY SQUARE BLVD
STE 400
JACKSONVILLE FL 32225
US

Mailing Address

1717 ARCH ST
35 FL
PHILADELPHIA PA 19103-2768
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/09/1991

4. FEI 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 owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
9550 REGENCY SQUARE BLVD
PLANTATION FL 32225

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D ☐ DELETE

NAME DONALD, JETT
STREET ADDRESS 9550 REGENCY SQUARE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32225

1.1 TITLE ☐ Change ☐ Addition

TITLE AS ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME JOSEPH, SEIDER
STREET ADDRESS 1717 ARCH ST 35TH FL
CITY-ST-ZIP PHILADELPHIA PA

3.1 TITLE ☐ Change ☐ Addition

TITLE AT ☐ DELETE

NAME THOMAS R MARKLEY
STREET ADDRESS 10 PENN CENTER
CITY-ST-ZIP PHILADELPHIA PA 19103

4.1 TITLE ☒ Change ☐ Addition

TITLE T ☐ DELETE

NAME ONUR, EROL A
STREET ADDRESS 9550 REGENCY SQUARE BLVD
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Arlington A. Nagle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1-5-99 Daytime Phone # A TREAS

CR2E034 (11/98)