
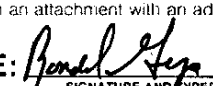


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90126 032 \*\*\*150.00

<b>DOCUMENT # P37345</b> 1. Entity Name <b>SPX HOLDING INC.</b>					
Principal Place of Business <b>13515 BALLANTYNE CO. PLACE CHARLOTTE NC 28277 US</b>				Mailing Address <b>13515 BALLANTYNE CO. PLACE CHARLOTTE NC 28277 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>06-0541955</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E034 (10/07)	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND DRIVE PLANTATION FL 33324</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;">DATE _____</div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>VPS</b> <input type="checkbox"/> Delete NAME <b>LILLY, KEVIN</b> STREET ADDRESS <b>13515 BALLANTYNE CORP. PL</b> CITY-ST-ZIP <b>CHARLOTTE NC 28277</b>	TITLE <b>VP/Secretary/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Kevin Lilly</b> STREET ADDRESS <b>13515 Ballantyne Corp. Pl.</b> CITY-ST-ZIP <b>Charlotte, NC 28277</b>		TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <b>REILLY, MICHAEL</b> STREET ADDRESS <b>13515 BALLANTYNE CORP. PL</b> CITY-ST-ZIP <b>CHARLOTTE NC 28277</b>		
TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <b>REILLY, MICHAEL</b> STREET ADDRESS <b>13515 BALLANTYNE CORP. PL</b> CITY-ST-ZIP <b>CHARLOTTE NC 28277</b>	TITLE <b>VP/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Michael Reilly</b> STREET ADDRESS <b>13515 Ballantyne Corp. Pl.</b> CITY-ST-ZIP <b>Charlotte, NC 28277</b>		TITLE <b>VTD</b> <input type="checkbox"/> Delete NAME <b>O'LEARY, PATRICK J</b> STREET ADDRESS <b>13151 BALLANTYNE CORP PL</b> CITY-ST-ZIP <b>CHARLOTTE NC 28277</b>		
TITLE <b>AT</b> <input type="checkbox"/> Delete NAME <b>GIZA, RONALD</b> STREET ADDRESS <b>13515 BALLANTYNE CORPORATE PLACE</b> CITY-ST-ZIP <b>CHARLOTTE NC 28277</b>	TITLE <b>Asst. Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Steven D. Greenfeld</b> STREET ADDRESS <b>13515 Ballantyne Corp. Pl.</b> CITY-ST-ZIP <b>Charlotte, NC 28277</b>		TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <b>REILLY, MICHAEL</b> STREET ADDRESS <b>13515 BALLANTYNE CORP. PL</b> CITY-ST-ZIP <b>CHARLOTTE NC 28277</b>		
TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <b>REILLY, MICHAEL</b> STREET ADDRESS <b>13515 BALLANTYNE CORP. PL</b> CITY-ST-ZIP <b>CHARLOTTE NC 28277</b>	TITLE <b>Asst. Secretary</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Jane E. Playter</b> STREET ADDRESS <b>13515 Ballantyne Corp. Pl.</b> CITY-ST-ZIP <b>Charlotte, NC 28277</b>		TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <b>REILLY, MICHAEL</b> STREET ADDRESS <b>13515 BALLANTYNE CORP. PL</b> CITY-ST-ZIP <b>CHARLOTTE NC 28277</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  <b>Ronald Giza</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/7/2008</b>		Daytime Phone # <b>231-737-5017</b>