2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# P37345

Entity Name: SPX HOLDING INC.

Current Principal Place of Business:

13515 BALLANTYNE CO. PLACE
CHARLOTTE, NC 28277 US

New Principal Place of Business:

13515 BALLANTYNE CORP. PLACE
CHARLOTTE, NC 28277 US

Current Mailing Address:

13515 BALLANTYNE CO. PLACE
CHARLOTTE, NC 28277 US

New Mailing Address:

13515 BALLANTYNE CORP. PLACE
CHARLOTTE, NC 28277 US

FEI Number: 06-0541955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND DRIVE
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPSD ( ) Delete
Name: LILLY, KEVIN
Address: 13515 BALLANTYNE CORP. PL
City-St-Zip: CHARLOTTE, NC 28277

Title: VP ( ) Delete
Name: REILLY, MICHAEL
Address: 13515 BALLANTYNE CORP. PL
City-St-Zip: CHARLOTTE, NC 28277

Title: VTD ( ) Delete
Name: O'LEARY, PATRICK J
Address: 13151 BALLANTYNE CORP PL
City-St-Zip: CHARLOTTE, NC 28277

Title: AT ( ) Delete
Name: GIZA, RONALD
Address: 13515 BALLANTYNE CORPORATE PLACE
City-St-Zip: CHARLOTTE, NC 28277

Title: AT ( ) Delete
Name: GREENFELD, STEVEN D
Address: 13515 BALLANTYNE CORP PL
City-St-Zip: CHARLOTTE, NC 28277

Title: AS ( ) Delete
Name: PLAYTER, JANE E
Address: 13515 BALLANTYNE CORP PL
City-St-Zip: CHARLOTTE, NC 28277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD GIZA AT 02/19/2009

Electronic Signature of Signing Officer or Director Date