

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                            |                                                                 |                                                                                                                                              |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| DOCUMENT # P93000088508                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                            |                                                                 |                                                             |                                                                              |
| 1. Entity Name<br>ELECTRO ENERGY INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                            |                                                                 |                                                                                                                                              |                                                                              |
| Principal Place of Business<br>30 SHELTER ROCK ROAD<br>DANBURY, CT 06810 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                            | Mailing Address<br>30 SHELTER ROCK ROAD<br>DANBURY, CT 06810 US |                                                                                                                                              |                                                                              |
| 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                                                                      |
| 6. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       |                                            |                                                                 | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>FL 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 except the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                            |                                                                 |                                                                                                                                              |                                                                              |
| SIGNATURE: <i>Sohan R. Dindyal</i><br>Signature, typed or printed name of registered agent and title if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                            |                                                                 | DATE: 10/11/07<br>Sohan R. Dindyal<br>Vice President                                                                                         |                                                                              |
| FILE NOW!!! FEE IS \$750.00<br>After January 1, 2008, Fee will be \$900.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                            |                                                                 |                                                                                                                                              |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           |                                                                                                                                              |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>KLEIN, MARTIN G<br>30 SHELTER ROCK ROAD<br>DANBURY, CT 06810     | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                | DIRECTOR<br>LEV, BRUCE<br>30 SHELTER ROCK ROAD<br>DANBURY, CT 06810                                                                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PO<br>REED, MICHAEL E<br>30 SHELTER ROCK ROAD<br>DANBURY, CT 06810    | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                | DIRECTOR<br>WYLAN, WILLIAM<br>30 SHELTER ROCK ROAD<br>DANBURY, CT 06810                                                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>ASSARI, FARHAD<br>30 SHELTER ROCK ROAD<br>DANBURY, CT 06810      | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                | DIRECTOR<br>SCHAFRAN, LAWRENCE<br>30 SHELTER ROCK ROAD<br>DANBURY, CT 06810                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>BAGATELLE, WARREN D<br>30 SHELTER ROCK ROAD<br>DANBURY, CT 06810 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                | 800110172848<br>10/02/07--01020--003 **758.75                                                                                                |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>ENGELBERGER, JOSEPH<br>30 SHELTER ROCK ROAD<br>DANBURY, CT 06810 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                | 10/16                                                                                                                                        |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>HAMLEN, ROBERT<br>30 SHELTER ROCK ROAD<br>DANBURY, CT 06810      | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                            |                                                                              |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: <i>Timothy E. Coyne</i> <i>TIMOTHY E. COYNE</i> 9/28/07 (203) 797-2699<br>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                            |                                                                 |                                                                                                                                              |                                                                              |