5/1/2003-90288-042-$150.00-$150.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -1 AM 10: 00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000024824

1. Entity Name

PS Power Solutions Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
105 Dominica Way	105 Dominica Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Niceville, Fl	City & State: Niceville Fl
Zip: 32578-4067 Country: USA	Zip: 32578-4067 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 58-2232464 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Thomas W. Butcher

Street Address (P.O. Box Number is Not Acceptable): 105 Dominica Way

City: Niceville FL Zip Code: 32578-4067

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/T
NAME	Thomas W. Butcher
STREET ADDRESS	105 Dominica Way
CITY-ST-ZIP	Niceville FL 32578-4067
TITLE	V/S
NAME	Mary P. Butcher
STREET ADDRESS	105 Dominica Way
CITY-ST-ZIP	Niceville, FL 32578-4067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mary P. Butcher 4/28/03 850-729-0873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #