



FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000043512			
1. Entity Name POWER ELECTRONICS & CONTROLS, INC.			
Principal Place of Business 1137 BENJAMIN AVENUE WINTER PARK, FL 32789		Mailing Address P.O. BOX 533852 ORLANDO, FL 32853-3852	
			
		01192005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3581541	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
KLINGBEIL, ROBERT T 341 VENICE AVENUE WEST VENICE, FL 34285			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PS SCHUMACHER, KATHY A 1137 BENJAMIN AVENUE WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VT HUMMEL, MELISSA T 1137 BENJAMIN AVENUE WINTER PARK, FL 32789	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Melissa T. Hummel</u> <u>Melissa T. Hummel</u> 3-10-05 407-265-3730 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			