2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S74747

Entity Name: WEG ELECTRIC CORP.

BARRY, PETER

SUWANEE, GA 30024

1327 NORTHBROOK PARKWAY, STE 490

Name:

Address:

City-St-Zip:

FILED Jun 26, 2009 Secretary of State

Littly Na	ille. VVEG EL	ECTRIC CORF.			
Current P	rincipal Place	e of Business:	New Principal Place of Business:		
	THBROOK PA E, GA 30024	ARKWAY, STE. 490 US			
Current M	lailing Addre	ss:	New Mailing Address:		
	THBROOK PA E, GA 30024	ARKWAY, STE. 490 US			
FEI Number	: 65-0280210	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and Address of	of New Registered Agent:	
1200 SOU PLANTATI The above	PORATION SY TH PINE ISLA ION, FL 33324 named entity of Florida.	ND ROAD 4 US	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI					
SIGNATOR		nic Signature of Registered Ag	ent	Date	
	ce with s. 607.19	3(2)(b), F.S., the corporation did n			
	mpaign Financin S AND DIREC	g Trust Fund Contribution(). TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PIPES, DAVID) Delete ROOK PARKWAY, STE 490 \ 30024 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SILVA, JOAO F	ROOK PARKWAY, STE. 490	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RIBEIRO, LUÌZ	ROOK PARKWAY, STE. 490	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CONNOLLY, R	ROOK PARKWAY, STE 490	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE:	DAVID A. PIPES	PCOD	06/26/2009