2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2018
Secretary of State
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Entity Name: CE POWER SOLUTIONS OF FLORIDA, LLC

Current Principal Place of Business:

3502 RIGA BOULEVARD
SUITE C
TAMPA, FL 33619

Current Mailing Address:

4040 REV DRIVE
CINCINNATI, OH 45232-1914 US

FEI Number: 52-2377623

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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: JAMES HALPIN 03/02/2018

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM
Name	CE POWER SOLUTIONS, LLC
Address	4040 REV DRIVE
City-State-Zip:	CINCINNATI OH 45232-1914

Title	VP
Name	CLARK, KODI
Address	4040 REV DRIVE
City-State-Zip:	CINCINNATI OH 45232-1914

Title	ASSISTANT SECRETARY
Name	SCHULTZ, WILLIAM
Address	411 E. WISCONSIN AVENUE SUITE 2400
City-State-Zip:	MILWAUKEE WI 53202

Title	AUTHORIZED REPRESENTATIVE
Name	DAUGHERTY, JERRY S.
Address	3502 RIGA BOULEVARD SUITE C
City-State-Zip:	TAMPA FL 33619

Title	SECRETARY
Name	POST, R. J.
Address	4040 REV DRIVE
City-State-Zip:	CINCINNATI OH 45232-1914

Title	PRESIDENT
Name	WILSON, BRIAN V.
Address	4040 REV DRIVE
City-State-Zip:	CINCINNATI OH 45232

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM SCHULTZ

ASSISTANT SECRETARY OF CE POWER SOLUTIONS, LLC, MANAGER AND SOLE MEMBER

03/02/2018

Electronic Signature of Signing Authorized Person(s) Detail Date