

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **845073** (6)
1. Corporation Name
EXIDE ELECTRONICS CORPORATION

FILED
95 JAN 27 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
8521 SIX FORKS ROAD RALEIGH NC 27615
8521 SIX FORKS ROAD RALEIGH NC 27615 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/28/1980** 3a. Date of Last Report **04/20/1994**
4. FEI Number **23-2119242** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 [] 26 []
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 [] 27 []
City & State City & State
23 [] 28 []
Zip Country Zip Country
24 [] 25 [] 29 [] 30 []

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when constituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISHER, JAMES A.	1.2 NAME	
STREET ADDRESS	8521 SIX FORKS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSTANZA, NICHOLAS J.	2.2 NAME	
STREET ADDRESS	8521 SIX FORKS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITRELL, MARTY R.	3.2 NAME	
STREET ADDRESS	8521 SIX FORKS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOX, LANCE L.	4.2 NAME	
STREET ADDRESS	8521 SIX FORKS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADDI, WILLIAM J	5.2 NAME	
STREET ADDRESS	8521 SIX FORKS ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with supporting documents.

SIGNATURE: Marty R. Kittrell **MARTY R. KITRELL** 1/12/95 (915) 872-3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone Number