


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90189 030 ***150.00

DOCUMENT # 845073
 1. Entity Name
EATON POWER QUALITY CORPORATION




Principal Place of Business Mailing Address
8609 SIX FORKS RD RALEIGH, NC 27615 US **8609 SIX FORKS RD RALEIGH, NC 27615 US**

50017145

2. Principal Place of Business Mailing Address
Eaton Corporation 1111 Superior Avenue
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Attn: Tax Dept, 1111 Superior Attn: Tax Dept

City & State City & State
Cleveland, Oh 44114 Cleveland, OH 44114
 Zip Country Zip Country



03242006 Chg-P CR2E034 (11/05)
 4. FEI Number Applied For
23-2119242 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CUTLER, A M	
STREET ADDRESS	1111 SUPERIOR AVE	
CITY-ST-ZIP	CLEVELAND, OH 44114	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JOHNSON, DAVID	
STREET ADDRESS	8609 SIX PORKS RD.	
CITY-ST-ZIP	RALEIGH, NC 27615	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GROSS, THOMAS S	
STREET ADDRESS	8609 SIX FORKS ROAD	
CITY-ST-ZIP	RALEIGH, NC 27615	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	FRANKLIN, E R	
STREET ADDRESS	1111 SUPERIOR AVE	
CITY-ST-ZIP	CLEVELAND, OH 44114	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	PARMENTER, R E	
STREET ADDRESS	1111 SUPERIOR AVE	
CITY-ST-ZIP	CLEVELAND, OH 44114	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HORST, ROBERT	
STREET ADDRESS	1111 SUPERIOR AVE	
CITY-ST-ZIP	CLEVELAND, OH 44114	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McGuire, Mark	
STREET ADDRESS	1111 Superior Avenue	
CITY-ST-ZIP	Cleveland, Ohio 44114	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *E.R. Franklin* **E.R. Franklin**
V.P. & Secretary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25 2006 **216.523.5000**
 Date Daytime Phone #

OK
\$50