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Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 845073 (6)

1. Corporation Name
EXIDE ELECTRONICS CORPORATION



Principal Place of Business 8609 SIX FORKS RD RALEIGH NC 27615 US	Mailing Address 8609 SIX FORKS RD RALEIGH NC 27615-2066 US
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3. Date Incorporated or Qualified 01/28/1980	3a. Date of Last Report 02/07/1996
4. FEI Number 23-2119242	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 8609 Six Forks Rd Suite, Apt. #, etc. 22	2a. Mailing Address 26 8609 Six Forks Rd Suite, Apt. #, etc. 27
City & State 23 Raleigh NC	City & State 28 Raleigh NC
Zip 24 27615	Country 25 USA
Zip 29 27615	Country 30 USA

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RISHER, JAMES A.	
STREET ADDRESS	8609 SIX FORKS RD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CONSTANZA, NICHOLAS J.	
STREET ADDRESS	8609 SIX FORKS RD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KITRELL, MARTY R.	
STREET ADDRESS	8609 SIX FORKS RD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNOX, LANCE L.	
STREET ADDRESS	8609 SIX FORKS RD	
CITY-ST-ZIP	RALEIGH NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RADDI, WILLIAM J	
STREET ADDRESS	8609 SIX FORKS RD	
CITY-ST-ZIP	RALEIGH NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Vice President
6.3 STREET ADDRESS	GUY C. DABBY
6.4 CITY-ST-ZIP	8609 SIX FORKS RD
	RALEIGH NC 27615

14. I do 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 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 the 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 an address.

SIGNATURE: *Guy C. Dabby* 1/31/97 (919) 972-3020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CFR2E034 (9/96)