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May 11, 1999 8:00 am
Secretary of State

05-11-1999 90032 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 845073

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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/28/1980
21	26	4. FEI Number 23-2119242
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	T	<input type="checkbox"/> DELETE
NAME	JANE W. PASIPOULARIOLES	
STREET ADDRESS	8609 SIX FORDS RD	
CITY-ST-ZIP	RALEIGH NC 27615	
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	VP	<input type="checkbox"/> DELETE
NAME	DARBY, GUY C	
STREET ADDRESS	8609 SIX FORKS RD	
CITY-ST-ZIP	RALEIGH NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TOM GUTIERREZ	
1.3 STREET ADDRESS	8609 SIX FORKS RD	
1.4 CITY-ST-ZIP	RALEIGH NC 27615	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Edgar P. DeVlyder	
2.3 STREET ADDRESS	333 Ludlow ST	
2.4 CITY-ST-ZIP	STAMFORD CT 06902	
3.1 TITLE	CFO, VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Richard Nicholas	
3.3 STREET ADDRESS	8609 SIX FORKS RD	
3.4 CITY-ST-ZIP	RALEIGH NC 27615	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NONE	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NONE	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	NONE	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: _____ DATE: 4/29/99 (919) 872-3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)

544892-90032-10
845073

Exide Electronics Corporation

Officers and Directors:

<u>Names</u>	<u>Titles</u>	<u>Business Address</u>
Tom Gutierrez	President & Director	8609 Six Forks Road Raleigh, NC 27615
Edgar P. DeVlyder	Vice President, Secretary, & Director	Stamford Harbor Park 333 Ludlow Street Stamford, CT 06902
Richard Nicholas	Vice President of Corporate Finance/ Chief Financial Officer	8609 Six Forks Road Raleigh, NC 27615