

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90601 006 ***150.00

DOCUMENT # F99000001569

1. Entity Name
MITSUBISHI ELECTRIC POWER PRODUCTS, INC.

Principal Place of Business
**THORN HILL INDUSTRIAL PARK
 512 KEYSTONE DRIVE
 WARRENDALE PA 15086**

Mailing Address
**THORN HILL INDUSTRIAL PARK
 512 KEYSTONE DRIVE
 WARRENDALE PA 15086**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **25-1513249**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CDP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNA, ROGER L	NAME	
STREET ADDRESS	512 KEYSTONE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WARRENDALE PA 15086	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NISHIMURA, TOMOHIDE	NAME	
STREET ADDRESS	512 KEYSTONE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WARRENDALE PA 15086	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMPTON, BRUCE	NAME	
STREET ADDRESS	512 KEYSTONE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WARRENDALE PA 15086	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREAF, JACK	NAME	
STREET ADDRESS	512 KEYSTONE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WARRENDALE PA 15086	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSCHWANG, ALAN P	NAME	
STREET ADDRESS	5665 PLAZA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CYPRESS CA 90630	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INABA, OSAMU	NAME	
STREET ADDRESS	2-2-3 MARUNOUCHI, CHIYODA-KU	STREET ADDRESS	
CITY-ST-ZIP	TOKYO 100-8310 JAPAN	CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bruce J Hampton **Bruce J Hampton** 2/1/01 724-772-2450

02/06/21

CR2E034 (10/00)