
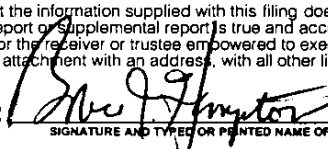


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90420 019 \*\*\*150.00

<b>DOCUMENT # F99000001569</b>					
1. Entity Name MITSUBISHI ELECTRIC POWER PRODUCTS, INC.					
Principal Place of Business 530 KEYSTONE DRIVE WARRENDALE, PA 15086			Mailing Address 530 KEYSTONE DRIVE WARRENDALE, PA 15086		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 25-1513249	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARNA, ROGER L	NAME			
STREET ADDRESS	530 KEYSTONE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	WARRENDALE, PA 15086	CITY-ST-ZIP			
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TAKAMIYA, KATSUYA	NAME	KEIJIRO HORA		
STREET ADDRESS	530 KEYSTONE DRIVE	STREET ADDRESS	530 KEYSTONE DRIVE		
CITY-ST-ZIP	WARRENDALE, PA 15086	CITY-ST-ZIP	WARRENDALE, PA 15086		
TITLE	VDST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAMPTON, BRUCE	NAME			
STREET ADDRESS	530 KEYSTONE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	WARRENDALE, PA 15086	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREAF, JACK	NAME			
STREET ADDRESS	530 KEYSTONE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	WARRENDALE, PA 15086	CITY-ST-ZIP			
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OLSCHWANG, ALAN P	NAME			
STREET ADDRESS	5865 PLAZA DRIVE	STREET ADDRESS			
CITY-ST-ZIP	CYPRESS, CA 90630	CITY-ST-ZIP			
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WADE, SALLY	NAME			
STREET ADDRESS	530 KEYSTONE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	WARRENDALE, PA 15086	CITY-ST-ZIP			
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: 		Date: 4/27/07		Daytime Phone #: 724-778-5150	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	