

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

2009

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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Filing Period: January 1 - March 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

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Corporate ID No. 42964	2. Name of Corporation Emerson Network Power, Energy Systems, N.A., Inc.				
Street Address Principal Business (122 F Street)ffice			onio Ohio	44052
i. Business Phone No (440) 683-4488 5. State of Incorporation Delaware					
Brief Description of the Character Sales and Installation of Te	of Business Conducted lecommunications	in Rhode Island Equipment for Telecomn	nunication Service Providers	REFORE USING	ATTACHMENTS
Sales and Installation of Telecommunications Equipment to Telecommunication Equipment to Telecommunic			David C. Moon		
Street Address 4350 Weaver Parkway			Street Address 8000 West Florissant State Zip		
City Warrenville	State Illinois	60555	St. Louis	Missouri	63136
Secretary Name Timothy G. Westman			Treasurer Name Mark Pentz		
Street Address 8000 West Florissant			Street Address 1122 F Street		
Сиу	State Missouri	^{Zip} 63136	City Lorain	State Ohio	44052
8. NAMES AND ADDRESSE Director Name	S OF THE DIREC	rors: ("X" BOX FOR AT	TACHMENT) FILL IN SPAC	ES BEFORE USIF	NG AI IACHMENTS
Edward K. Feeney			R. Bruce Courtright Street Address		
Street Address 1050 Dearborn Drive			4350 Weaver Parkway	State	Zip
City Columbus	State Ohio	43229	Warrenville	Illinois	60555
Director Name Peter R. Loconto			Director Name		
Street Address			Street Address		
4350 Weaver Parkway	State Illinois	^{Zip} 60555	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			No make most Charles	Class/Series	Par Value
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of			1000 Comm \$1 par valu	Comm	\$1
instruction sheet.					
mi	wed on behalf of th	e corporation by an author	rized representative. If the corporer or trustee.	ration is in the ha	ands of a receiver or truste
this report must be execu	ted on behalf of th	e corporation by the receiv	er or trustee.		
			Under penalty of perjur	y, I declare and affi	rm that I have examined this d statements, and that all stat
		 1	including any accompa contained herein are tru	e and correct.	2/ /
200	12-19		Madiner	roots	2/12/09
File Date	2500		Signature	0	Date
Check No. 300 98 980 By:			Maxine Shrontz		
			Print or Type Name		
Ву:			Tax Analyst		