



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 132063		2. Exact name of the Corporation Wieland Electric, Inc			
3. Principal office address 49 International Road			City Burgaw	State NC	Zip 28425
4. Business Phone No. 910-259-0105			5. State of Incorporation DE		
6. Brief description of the character of business conducted in Rhode Island Wholesale distribution - electric components					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Mark Matheny			Vice-President Name		
Street Address 49 International Rd			Street Address		
City Burgaw	State NC	Zip 28425	City	State	Zip
Secretary Name Johannes Gabel			Treasurer Name Jean McAllister		
Street Address 666 5th Ave			Street Address 49 International Rd		
City NY	State NY	Zip 10103	City Burgaw	State NC	Zip 28425
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John Paulsen			Director Name Heinz Ungermann		
Street Address 10-14 Brennerstrasse			Street Address 10-14 Brennerstrasse		
City Bamberg	State Germany	Zip	City Bamberg	State Germany	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			3000	Common	1.00

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 SECRETARY OF STATE
 CORPORATIONS DIV
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This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

FILED

JUL 12 2012

Jean McAllister 6/20/12
 Signature of Authorized Representative Date

Jean McAllister

Print or Type Name of Authorized Representative

BY *CL 174693*

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