2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 115899

Title:

Name:

Address:

City-St-Zip:

DVAS

CARLILE, THOMAS

BOISE, ID 83728

1111 W JEFFERSON ST

() Delete

Entity Name: COMPANIA CUBANA DE ELECTRICIDAD

FILED Apr 05, 2004 Secretary of State

,					
Current Principal Place of Business:			New Principal F	New Principal Place of Business:	
1111 W JEF BOISE IDA	FFERSON ST HO, 83702	US	1111 W JEFFER BOISE, ID 83702		
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
1111 W JEFFERSON STREET P.O. BOX 50 BOISE, ID 837280001 US			P.O. BOX 50	TAX DEPT, 1111 W JEFFERSON STREET P.O. BOX 50 BOISE, ID 837280001 US	
FEI Number:	82-0481337	FEI Number Applied For ()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US					
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:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () D LITTMAN, IRVING 1111 W JEFFERS BOISE, ID 83728	SON STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPS () D HANNITY, VINCEN 1111 W JEFFERS BOISE, ID 83728	SON ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPAT () D NIELSEN, VAL P 1111 W JEFFERS BOISE, ID 83728		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVT () D CRUMLEY, THEO 1111 W JEFFERS BOISE, ID 83728	SON STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: VAL P. NIELSEN VPAT 04/05/2004

() Change () Addition