2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000002597

Entity Name

TOTAL GAS & POWER NORTH AMERICA, INC.



Principal Place of Business

800 GESSNER STREET

SUITE 700

HOUSTON, TX 77024 U

Mailing Address

800 GESSNER STREET

SUITE 700

HOUSTON, TX 77024 U



FILED Mar 08, 2004 8:00 am Secretary of State

03-08-2004 90021 007 ***150.00



02112004

No Chg-P

CR2E034 (10/03)

4. FEI Number 75-2334559 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SO PINE ISLAND RD PLANTATION, FL 33324

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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 c the obligations of registered agent.

SIGNATURE

* Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

	· ·
10.	OFFICERS AND DIRECTORS
TITLÉ	DCEO
NAME	LAFOND, JACQUES
STREET ADDRESS	800 GESSNER STREET SUITE 700
CITY-ST-ZIP	HOUSTON, TX 77024
TITLE	DPCO
NAME	INGRAM, J. MARK
STREET ADDRESS	800 GESSNER STREET SUITE 700
CITY-ST-ZIP	HOUSTON, TX 77024
TITLE	DVGS
NAME	HENDERSON, BRUCE
STREET ADDRESS	800 GESSNER STREET SUITE 700
CITY-ST-ZIP	HOUSTON, TX 77024
TITLE	Т
NAME	MCCORDIC, PAUL H
STREET ADDRESS	800 GESSNER STREET SUITE 700
CITY-ST-ZIP	HOUSTON, TX 77024
TITLE	ASAT
NAME	OSWALD, JENNIFER -
STREET ADDRESS	800 GESSNER STREET SUITE 700
CITY-ST-ZIP	HOUSTON, TX 77024
TITLE	D
NAME	MATEILLE, JEAN-PIERGE PIERRE
STREET ADDRESS	800 GESSNER STREET SUITE 700
CITY-ST-ZIP	HOUSTON, TX 77024
12. Thereby certify that the information supplied with this filing does not qualify for the exe	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Paul H. McCordio

2/13/04

713 647-3000

Date

Daytime Phone #