

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G54128**

(5) 404-4889 000

1. Corporation Name

DAVID E. MORGAN ENERGY, INC.



Principal Place of Business

Mailing Address

60 BROADWAY
PROVIDENCE RI 02903-3158

60 BROADWAY
PROVIDENCE RI 02903-3158

3. Date Incorporated or Qualified
09/01/1983

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 1 Regency Plaza, Suite 106R
City & State

27 1 Regency Plaza, Suite 106R
City & State

23 Providence, MA

28 Providence, MA

24 Zip 02903 Country

29 Zip 02903 Country

30

4. FEI Number

59-2341363

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes



9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORGAN, DAVID E
WINTHROP HOUSE, #318
100 WORTH AVENUE
PALM BEACH FL 33480

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MORGAN, DAVID E.
STREET ADDRESS 100 WORTH AVENUE
CITY-STATE-ZIP PALM BEACH FL DELETE

1. TITLE Morgan, David E Change Addition
12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP

TITLE T
NAME LINDSAY, FERN
STREET ADDRESS 37 SKYRIDGE ROAD
CITY-STATE-ZIP GREENWICH CT DELETE

2. TITLE
22. NAME 800001798878
23. STREET ADDRESS -04/29/96--01062--022
24. CITY-STATE-ZIP ***8.75 Change Addition

TITLE S
NAME SOLMONSON, LESLIE
STREET ADDRESS 1016 FIFTH AVENUE
CITY-STATE-ZIP NEW YORK NY DELETE

3. TITLE
32. NAME
33. STREET ADDRESS 700001798877
34. CITY-STATE-ZIP -04/29/96--01062--021 Change Addition

TITLE D
NAME PESKOE, IRVING
STREET ADDRESS 1000 N KROME AVE
CITY-STATE-ZIP HOMESTEAD FL DELETE

4. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP ***200.00

TITLE VD
NAME BRAVER, MARTIN D.
STREET ADDRESS 1330 BOYSTON STREET
CITY-STATE-ZIP CHESNUT HILL MA DELETE

5. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-STATE-ZIP Change Addition

TITLE V
NAME MORGAN, NICHOLAS
STREET ADDRESS 3416 17TH STREET NW
CITY-STATE-ZIP WASHINGTON DC DELETE

6. TITLE
62. NAME
63. STREET ADDRESS 1415 McGo0 Ave
64. CITY-STATE-ZIP Berkeley, CA 94703 Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nicholas Morgan* NICHOLAS MORGAN

4/28/96 401-521-6040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Phone #

CD05034 (12/05)