


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90122 003 \*\*\*150.00

<b>DOCUMENT #</b> P95000034417	
<b>1. Entity Name</b> Total Gas and Electric, Inc.	

**DO NOT WRITE IN THIS SPACE**

**14019449**

<b>2. Principal Place of Business</b> 750 Highway 34 Suite, Apt. #, etc.	<b>3. Mailing Address</b> Same Suite, Apt. #, etc.
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<b>City &amp; State</b> Matawan, New Jersey	<b>City &amp; State</b>	<b>4. FEI Number</b> 65-0584022	<b>Applied For</b> Not Applicable
<b>Zip</b> 07747	<b>Country</b> USA	<b>Zip</b>	<b>Country</b>
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> Corporate Service Company	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1201 Hays Street	
<b>City</b> Tallahassee	<b>FL</b> <b>Zip Code</b> 32301

**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 the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			
<b>TITLE</b> Chairman	<b>NAME</b> Jeffery Mayer	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 26 Pequot Trail	<b>CITY-ST-ZIP</b> Westport, Ct. 06880	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> Chief Executive Officer	<b>NAME</b> William Kinneary	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 236 Nottingham Rd.	<b>CITY-ST-ZIP</b> Morganville, NJ 07751	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> Chief Operating Officer	<b>NAME</b> Carole Artman Hodge	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 610 Rye Road	<b>CITY-ST-ZIP</b> Rye, NY 10580	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> Chief Financial Officer	<b>NAME</b> Chaitanya Parikh	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 43 Arborview	<b>CITY-ST-ZIP</b> Carmel, NY 10512	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> Treasurer	<b>NAME</b> John Glad	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 6 Wellington Court	<b>CITY-ST-ZIP</b> Danbury, Ct 06811	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> Controller	<b>NAME</b> Richard Burns	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> 1412 Hardley Ct	<b>CITY-ST-ZIP</b> Bel Air, Maryland 21014	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**DO NOT WRITE IN THIS SPACE**

**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 on an attachment with an address, with an other like empowered.**

**SIGNATURE:** Richard Burns **Richard Burns** **4/27/04** **732-765-8414**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)