

ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90300 001 ***150.00

DOCUMENT # P98000050582

1. Entity Name

TOTAL GAS & ELECTRICITY (PA), INC.



Principal Place of Business

Mailing Address

595 SUMMER STREET
#300
STAMFORD CT 06901

595 SUMMER STREET
#300
STAMFORD CT 06901



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0841209

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Input box

\$8.75 Additional Fee Required

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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

Mary Jo Parola Assistant Secretary Mary Jo Parola Assistant Secretary 3/22/06
on behalf of Corporation Service Company

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PCEO
NAME: MAYER, JEFFREY A
STREET ADDRESS: 595 SUMMER STREET
CITY-STATE-ZIP: STAMFORD CT 06901

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: COO
NAME: ARTANO-HODGE, CARALE R (misspelled)
STREET ADDRESS: 595 SUMMER STREET
CITY-STATE-ZIP: STAMFORD CT 06901

TITLE:
NAME: Carole R. Artman-Hodge
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: CFO
NAME: PARIKH, CHUITA (misspelled)
STREET ADDRESS: 595 SUMMER STREET
CITY-STATE-ZIP: STAMFORD CT 06901

TITLE:
NAME: Chaitu Parikh
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: T
NAME: GLAD, JAHN (misspelled)
STREET ADDRESS: 595 SUMMER STREET
CITY-STATE-ZIP: STAMFORD CT 06901

TITLE:
NAME: John Glad
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: GC
NAME: HARTMAN, THOMAS (misspelled)
STREET ADDRESS: 595 SUMMER STREET
CITY-STATE-ZIP: STAMFORD CT 06901

TITLE:
NAME: Thomas Hartmann
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

John B. Glad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 203-356-1318 ext 2614

Date

Daytime Phone #