## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 115899** 

Entity Name: COMPANIA CUBANA DE ELECTRICIDAD

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
263 SHUM, ATTN: LEG NAPERVIL	AN BLVD GAL DEPT., 5TH LE, IL 60563	FLOOR US				
Current Mailing Address:				New Mailing Address:		
263 SHUMAN BLVD. ATTN: LEGAL DEPT., 5TH FLOOR NAPERVILLE, IL 60563				263 SHUMAN BLVD. ATTN: LEGAL DEPT., 5TH FLOOR NAPERVILLE, IL 60563 US		
FEI Number: 82-0481337 FEI Number Applied For ( ) FEI Number			nber 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.					
SIGNATUR						
Electronic Signature of Registered Agent						Date
Election Carr	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CPD () E JENNINGS, JOHN 263 SHUMAN BLY NAPERVILLE, IL	VD.		Title: Name: Address: City-St-Zip:	VPTR (X GIULIANO, TO 263 SHUMAN I NAPERVILLE,	BLVD.
Title: Name: Address: City-St-Zip:	DIR () E LITTMAN, IRVING 263 SHUMAN BL' NAPERVILLE, IL	VD		Title: Name: Address: City-St-Zip:	LITTMAN, IRVI	BLVD.,C/O SUSAN WAGNER-FLEMING
Title: Name: Address: City-St-Zip:	VPS () E JASZKA, THOMA 263 SHUMAN BL' NAPERVILLE, IL	VD.		Title: Name: Address: City-St-Zip:	VPS (X JASZKA, THON 263 SHUMAN I NAPERVILLE,	BLVD.
Title: Name: Address: City-St-Zip:	VPAS () E WAGNER-FLEMI 263 SHUMAN BL' NAPERVILLE, IL	VD .		Title: Name: Address: City-St-Zip:	VPAS (X WAGNER-FLE 263 SHUMAN I NAPERVILLE,	BLVD
Title: Name: Address: City-St-Zip:	()[	Delete		Title: Name: Address: City-St-Zip:	DIR ( O'CONNOR, D 263 SHUMAN I NAPERVILLE,	BLVD.
Title: Name: Address: City-St-Zip:	( ) [	Delete		Title: Name: Address: City-St-Zip:	PD ( BROAD, MATT 263 SHUMAN I NAPERVILLE,	BLVD.

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: SUSAN WAGNER-FLEMING VPAS 04/30/2009