

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90245 027 ***158.75

DOCUMENT # 672609

1. Entity Name
SOUTHEAST ENERGY MANAGEMENT CORPORATION



Principal Place of Business
**5018 SPRING PARK RD
JACKSONVILLE FL 32207
US**

Mailing Address
**P O BOX 23734
P O BOX 23734
JACKSONVILLE FL 32241
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2117140

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PHILLIPS, ROBERT
3916 BARCELONA AVE
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 S. Pine Island Rd.

City

Plantation

FL

Zip Code

33324

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

Jeffrey R. Graves

Assistant Secretary

2/14/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 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

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	ATKINS, ROGER A	
STREET ADDRESS	8900 KEYSTONE CROSSING STE 100	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	
TITLE	P	<input type="checkbox"/> Delete
NAME	PHILLIPS, ROBERT	
STREET ADDRESS	3916 BARCELONA AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, JOHN	
STREET ADDRESS	8900 KEYSTONE CROSSING, STE 100	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KATZ, MARC P	
STREET ADDRESS	8900 KEYSTONE CROSSING, STE 100	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	
TITLE	T	<input type="checkbox"/> Delete
NAME	BONTRAGER, BRETT	
STREET ADDRESS	8900 KEYSTONE CROSSING, STE 100	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President, Taxes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael A. Bartone	
STREET ADDRESS	1000 Stanley Drive	
CITY-ST-ZIP	New Britain, CT 06053	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President & Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Scales	
STREET ADDRESS	6161 E. 75th Street	
CITY-ST-ZIP	Indianapolis, IN 46250	
TITLE	Vice President & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig A. Douglas	
STREET ADDRESS	1000 Stanley Drive	
CITY-ST-ZIP	New Britain, CT 06053	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brett Bontrager	
STREET ADDRESS	6161 E. 75th Street	
CITY-ST-ZIP	Indianapolis, IN 46250	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kara J. Dean	
STREET ADDRESS	6161 E. 75th Street	
CITY-ST-ZIP	Indianapolis, IN 46250	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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:

SKATYED REQUIRED
Kara J. Dean, Asst. Secretary 2/16/03 317-806-3719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

Page 2 – additional officers

- Title: Assistant Secretary
Name: Kathryn Partridge
Street Address: 1000 Stanley Drive, New Britain, CT 06053
- Title: Assistant Secretary
Name: David S. Winakor
Street Address: 1000 Stanley Drive, New Britain, CT 06053

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