

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90297 036 \*\*\*\*61.25

**DOCUMENT # 752992**

1. Entity Name

**NATIONAL ASSOCIATION OF STATE UTILITY  
CONSUMER ADVOCATES, INC.**



Principal Place of Business

**8300 COLESVILLE ROAD  
SUITE 101  
SILVER SPRING MD 20910  
US**

Mailing Address

**8300 COLESVILLE ROAD  
SUITE 101  
SILVER SPRING MD 20910  
US**

2. Principal Place of Business

**8380 Colesville Road**

Suite, Apt. #, etc.

**Suite 101**

City & State

**Silver Spring, md**

Zip

**20910**

Country

**us**

3. Mailing Address

**8380 Colesville Road**

Suite, Apt. #, etc.

**Suite 101**

City & State

**Silver Spring, md**

Zip

**20910**

Country

**us**



MOORE

CR2E037 (11/03)

4. FEI Number

**59-1986067**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SHREVE, JACK  
111 W MADISON ST  
TALLAHASSEE FL 32399-1400**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
TONGREN, ROBERT  
OCC- 10 W BROAD ST. STE 1800  
COLUMBUS OH 43215** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
TONGREN, ROBERT S  
OCC - 10 W BROAD ST SUITE 1800  
COLUMBUS OH 43215-3485** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
TRAVIESO, MICHAEL J  
PC - 6 ST PAUL ST SUITE 2102  
BALTIMORE MD 21202** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
COOMBS, NANCY V  
P O BOX 5757  
COLUMBIA SC 29250-5757** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Hay, Tim  
AG - Bureau of Consumer Protection  
1000 East Williams St, Suite 200  
Carson, NV 89701** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
Coffman, John  
600- PO Box 2230  
Jefferson City, MO 65102** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
Becker, Anne  
OCC- 100 N. Senate Ave, Room NS01-  
Indianapolis, IN 46204** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
Perkins, John  
OCA - 310 Maple Street  
Des Moines, IA 50319** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 617, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**27 April 04 775.776.9007**  
Date Daytime Phone #