

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752992

FILED  
Jan 07, 2005  
Secretary of State

**Entity Name:** NATIONAL ASSOCIATION OF STATE UTILITY CONSUMER ADVOCATES, INC.

**Current Principal Place of Business:**

8380 COLESVILLE ROAD  
SUITE 101  
SILVER SPRING, MD 20910 US

**New Principal Place of Business:**

**Current Mailing Address:**

8380 COLESVILLE ROAD  
SUITE 101  
SILVER SPRING, MD 20910 US

**New Mailing Address:**

**FEI Number:** 59-1986067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHREVE, JACK  
111 W MADISON ST  
TALLAHASSEE, FL 323991400 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HAY, TIM  
Address: AG BUREAU OF CONSUMER PROTECTION  
City-St-Zip: CARSON CITY, NV 89701

Title: VPD ( ) Delete  
Name: COFFMAN, JOHN  
Address: OPC - PO BOX 2230  
City-St-Zip: JEFFERSON CITY, MO 65102

Title: S ( ) Delete  
Name: BECKER, ANNE  
Address: OUCC 100 N. SERATE AVE ROOM N-501  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: T ( ) Delete  
Name: PERKINS, JOHN  
Address: OCA - 310 MAPLE STREET  
City-St-Zip: DES MOINES, IA 50319

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PERKINS, JOHN  
Address: OCA - 310 MAPLE STREET  
City-St-Zip: DES MOINES, IA 50319

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: COHEN, MARTIN  
Address: CUB- 208 S. LASALLE, SUITE 1760  
City-St-Zip: CHICAGO, IL 60604

Title: T (X) Change ( ) Addition  
Name: HEALEY, MARY  
Address: OCC-TEN FRANKLIN SQUARE  
City-St-Zip: NEW BRITAIN, CT 06051

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PERKINS

P

01/07/2005

Electronic Signature of Signing Officer or Director

Date