

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752992

FILED
Jan 23, 2008
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: PERKINS, JOHN
Address: OCA - 310 MAPLE STREET
City-St-Zip: DES MOINES, IA 50319

Title: VPD () Delete
Name: SPRINGE, DAVID
Address: 1500 S.W. ARROWHEAD ROAD
City-St-Zip: TOPEKA, KS 66604

Title: S () Delete
Name: FREEMAN, BRYCE
Address: 2515 WARREN AVENUE, SUITE 304
City-St-Zip: CHEYENNE, WY 82002

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SPRINGE, DAVID
Address: 1500 S.W. ARROWHEAD ROAD
City-St-Zip: TOPEKA, KS 66604

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

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

Title: T (X) Change () Addition
Name: JIM, GREENWOOD
Address: 1580 LOGAN STREET, SUITE 740
City-St-Zip: DENVER, CO 80203

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SPRINGE

P

01/23/2008

Electronic Signature of Signing Officer or Director

Date