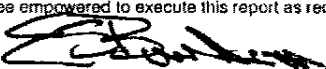


FILED
Jun 01, 2004 08:00 AM
Secretary of State

DOCUMENT # B03000000011					
1. Entity Name TRANS TECH ELECTRIC, L.P.					
Principal Place of Business C/O QUANTA SERVICES, INC. 1360 POST OAK BLVD., SUITE 2100 HOUSTON, TX 77056			Mailing Address 4601 CLEVELAND ROAD SOUTH BEND, IN 46628		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05062004 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 35-1553093	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record. \$10,500,000.00		10. Amount of Capital Contributions in FLORIDA to date 10,500,000.00		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	F03000000217 TTGP, INC. 1360 POST OAK BLVD. SUITE 2100 HOUSTON, TX 77056			STREET ADDRESS	U000000162031 06/03/04-80005-002 535.00
NAME				CITY-ST-ZIP	
STREET ADDRESS				CITY-ST-ZIP	
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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STREET ADDRESS				CITY-ST-ZIP	
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS				CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 				Date: 5/12/04 574-272-9673	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #	