2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000000019

1. Entity Name
CONSOLIDATED ELECTRICAL DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
31356 VIA COLINAS WESTLAKE VILLAGE, CA 91362	31356 VIA COLINAS WESTLAKE VILLAGE, CA 91362

DO NOT WRITE IN THIS SPACE

04172006 No Chg-P CR2E034 (11/05)

4. FEI Number
77-0559191
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BURSCH, H. DEAN
STREET ADDRESS	31356 VIA COLINAS
CITY-ST-ZIP	WESTLAKE VILLAGE, CA 91362
TITLE	V
NAME	WOFFORD, JEFF C
STREET ADDRESS	31356 VIA COLINAS
CITY-ST-ZIP	WESTLAKE VILLAGE, CA 91362
TITLE	S
NAME	BRADFORD, DAVID T
STREET ADDRESS	31356 VIA COLINAS
CITY-ST-ZIP	WESTLAKE VILLAGE, CA 91362
TITLE	T
NAME	PARISH, JOHN D
STREET ADDRESS	31356 VIA COLINAS
CITY-ST-ZIP	WESTLAKE VILLAGE, CA 91362
TITLE	CD
NAME	COLBURN, KEITH W
STREET ADDRESS	555 SKOKIE BLVD., SUITE 555
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	D
NAME	COLBURN, RICHARD W
STREET ADDRESS	555 SKOKIE BLVD., SUITE 555
CITY-ST-ZIP	NORTHBROOK, IL 60062

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05/05/06-80041-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4/19/06 (ext) 991-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #