

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000000019

1. Entity Name
CONSOLIDATED ELECTRICAL DISTRIBUTORS, INC.



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

Mailing Address
**31356 VIA COLINAS
WESTLAKE VILLAGE, CA 91362**



04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000697794
04/18/07-80053-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BURSCH, H. DEAN
31356 VIA COLINAS
WESTLAKE VILLAGE, CA 91362**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WOFFORD, JEFF C
31356 VIA COLINAS
WESTLAKE VILLAGE, CA 91362**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BRADFORD, DAVID T
31356 VIA COLINAS
WESTLAKE VILLAGE, CA 91362**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PARISH, JOHN D
31356 VIA COLINAS
WESTLAKE VILLAGE, CA 91362**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
COLBURN, KEITH W
555 SKOKIE BLVD., SUITE 555
NORTHBROOK, IL 60062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLBURN, RICHARD W
555 SKOKIE BLVD., SUITE 555
NORTHBROOK, IL 60062**

**DO NOT WRITE
IN THIS SPACE**

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 reports 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID T. BRADFORD

Date

4/5/07

Daytime Phone #

(818) 991-9000