

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90037 011 ***150.00

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1. Entity Name
GAS DISTRIBUTION CONTRACTORS, INC.



Principal Place of Business
**2012-A SOUTH ELLIOT
AURORA, MO 65605**

Mailing Address
**2012-A SOUTH ELLIOT
AURORA, MO 65605**

24008740



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

41-1625874

Applied For

Not Applicable

Zip

Country

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

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

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PILAND, GERALD**
STREET ADDRESS **2012-A SOUTH ELLIOT**
CITY-ST-ZIP **AURORA, MO 65605**

TITLE **Executive Vice President** ☒ Change ☐ Addition
NAME **Gerald Piland**
STREET ADDRESS **2012-A South Elliott**
CITY-ST-ZIP **Aurora, MO 65605**

TITLE **VPO** ☒ Delete
NAME **COOK, KEVIN**
STREET ADDRESS **2012-A SOUTH ELLIOTT**
CITY-ST-ZIP **AURORA, MO 65605**

TITLE **SVP & Treasurer** ☐ Change ☒ Addition
NAME **Terence R. Montgomery**
STREET ADDRESS **500 West Dutton Mill Road**
CITY-ST-ZIP **Aston, PA 19014**

TITLE **SVGS** ☒ Delete
NAME **DIKTER, HARVEY B**
STREET ADDRESS **2600 MONROE BLVD.**
CITY-ST-ZIP **NORRISTOWN, PA 19403**

TITLE **Assistant Secretary** ☐ Change ☒ Addition
NAME **William H. Muller**
STREET ADDRESS **500 West Dutton Mill Road**
CITY-ST-ZIP **Aston, PA 19014**

TITLE **SVPT** ☐ Delete
NAME **CLEVELAND, ROBERT W**
STREET ADDRESS **2012-A SOUTH ELLIOTT**
CITY-ST-ZIP **AURORA, MO 65605**

TITLE **Senior VP & Asst. Treasurer** ☐ Change ☐ Addition
NAME **Robert Cleveland**
STREET ADDRESS **2936 South 166th Street**
CITY-ST-ZIP **New Berlin, WI 53151**

TITLE **EVP** ☐ Delete
NAME **DAILY, PAUL**
STREET ADDRESS **2012-A SOUTH ELLIOTT**
CITY-ST-ZIP **AURORA, MO 65605**

TITLE **President & CEO** ☒ Change ☐ Addition
NAME **Paul M. Daily**
STREET ADDRESS **2936 South 166th Street**
CITY-ST-ZIP **New Berlin, WI 53151**

TITLE **D** ☐ Delete
NAME **HELWIG, DAVID R**
STREET ADDRESS **2600 MONROE BLVD.**
CITY-ST-ZIP **NORRISTOWN, PA 19403**

TITLE **Director, Chairman** ☒ Change ☐ Addition
NAME **David R. Helwig**
STREET ADDRESS **500 West Dutton Mill Road**
CITY-ST-ZIP **Aston, PA 19014**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

William H. Muller

William H. Muller, Asst. Sec.

610-619-3046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #