

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003103

FILED
May 22, 2007
Secretary of State

Entity Name: EDISON SOURCE CORPORATION

Current Principal Place of Business:

18101 VON KARMAN AVE., SUITE 1700
IRVINE, CA 92612

New Principal Place of Business:

Current Mailing Address:

18101 VON KARMAN AVE., SUITE 1700
IRVINE, CA 92612

New Mailing Address:

FEI Number: 95-4554466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CCEO () Delete
Name: CRAVER, THEODORE F JR
Address: 18101 VON KARMAN AVE, STE 1700
City-St-Zip: IRVINE, CA 92612

Title: DIR () Delete
Name: BOUKNIGHT, J.A.
Address: 2244 WALNUT GROVE AVENUE
City-St-Zip: ROSEMEAD, CA 91770

Title: AS () Delete
Name: SMITH, BONITA
Address: 2244 WALNUT GROVE AVE.
City-St-Zip: ROSEMEAD, CA 91770

Title: S () Delete
Name: MATHEWS, BARBARA
Address: 2244 WALNUT GROVE AVE.
City-St-Zip: ROSEMEAD, CA 91770

Title: AS () Delete
Name: HENRY, MICHAEL A
Address: 2244 WALNUT GROVE AVE.
City-St-Zip: ROSEMEAD, CA 91770

Title: V () Delete
Name: MICHALSKI, PETER
Address: 18101 VAN KARMAN AVE, STE 1700
City-St-Zip: IRVINE, CA 92612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

SIGNATURE: PETER MICHALSKI

V

05/22/2007

Electronic Signature of Signing Officer or Director

Date