

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91013 017 \*\*\*150.00

**DOCUMENT # F02000004322**

1. Entity Name  
**CONNECTICUT ENERGY SERVICES, INC.**



Principal Place of Business  
**270 FARMINGTON AVENUE, SUITE 160**  
**FARMINGTON, CT 06032**

Mailing Address  
**270 FARMINGTON AVENUE, SUITE 160**  
**FARMINGTON, CT 06032**

**54042334**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04142004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

**06-1625098**

Not Applicable

Zip Country

Zip Country

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**

**7. Name and Address of New Registered Agent**

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 AP  Delete  
 NAME CHRISTMAN, PETER  
 STREET ADDRESS 270 FARMINGTON AVE STE 160  
 CITY-ST-ZIP FARMINGTON, CT 06032

TITLE  Change  Addition  
 NAME **President**  
**CHRISTMAN, PETER JR**  
 STREET ADDRESS **270 Farmington Ave, Suite 160**  
 CITY-ST-ZIP **Farmington, CT 06032**

TITLE V  Delete  
 NAME GURDOTTI, HAROLD  
 STREET ADDRESS 270 FARMINGTON AVE STE 160  
 CITY-ST-ZIP FARMINGTON, CT 06032

TITLE  Change  Addition  
 NAME **Vice President**  
**ROBERT BROWN**  
 STREET ADDRESS **270 Farmington Ave, Suite 160**  
 CITY-ST-ZIP **Farmington, CT 06032**

TITLE V  Delete  
 NAME SWIGERT, STEPHEN B  
 STREET ADDRESS 400 MAIN STREET  
 CITY-ST-ZIP EAST HARTFORD, CT 06108

TITLE  Change  Addition

TITLE TCFO  Delete  
 NAME ANDERSON, PARTRICK  
 STREET ADDRESS 270 FARMINGTON AVE  
 CITY-ST-ZIP FARMINGTON, CT 06032

TITLE  Change  Addition

TITLE AS  Delete  
 NAME SMITH, ALLISON  
 STREET ADDRESS 400 MAIN STREET  
 CITY-ST-ZIP EAST HARTFORD, CT 06108

TITLE  Change  Addition

TITLE D  Delete  
 NAME SCHILDWASTER, DAVID  
 STREET ADDRESS 400 MAIN STREET  
 CITY-ST-ZIP EAST HARTFORD, CT 06108

TITLE  Change  Addition

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: *Stephen B Swigert*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/21/04** Daytime Phone # **860-674-5551**