


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90083 001 ***150.00

DOCUMENT # F02000004720	
1. Entity Name WEST VIRGINIA ELECTRIC CORPORATION	

24002856

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2011 Pleasant Valley Rd		3. Mailing Address P O Box 1587	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fairmont WV		City & State Fairmont WV	
Zip 26554	Country USA	Zip 26555-1587	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Corporation Service Company	
	Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
	City Tallahassee	FL Zip Code 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE C/D	NAME Donald L. Hoylman	TITLE	
STREET ADDRESS 1110 Charles Avenue		NAME	
CITY-ST-ZIP Fairmont WV 26554		STREET ADDRESS	
TITLE P/D	NAME Dennis Toothman	TITLE	
STREET ADDRESS Route 4 Box 4		NAME	
CITY-ST-ZIP Mannington WV 26582		STREET ADDRESS	
TITLE S/T/D	NAME Bruce Rickards	TITLE	
STREET ADDRESS 921 Pine Hill Drive		NAME	
CITY-ST-ZIP Fairmont WV 26554		STREET ADDRESS	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald L. Hoylman* **Donald L. Hoylman, C/D**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)