

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90019 047 \*\*\*150.00

**DOCUMENT # F03000002830**

1. Entity Name

RGT UTILITIES OF FLORIDA, INC.



Principal Place of Business

1221 AVENUE OF THE AMERICAS  
NEW YORK, NY 10020

Mailing Address

1221 AVENUE OF THE AMERICAS  
NEW YORK, NY 10020

**40018635**



01202005

No Chg-P

CR2E034 (10/03)

4. FEI Number

13-4239059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
C  
GREEN, JONATHAN D  
1221 AVENUE OF THE AMERICAS  
NEW YORK, NY 10020

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
HELMUTH, RICHARD W  
1221 AVENUE OF THE AMERICAS  
NEW YORK, NY 10020

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVPS  
ROWDEN, GWEN A  
1221 AVENUE OF THE AMERICAS  
NEW YORK, NY 10020

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
TREADWELL, KAREN A  
1221 AVENUE OF THE AMERICAS  
NEW YORK, NY 10020

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SILVESTRI, VINCENT E  
1221 AVENUE OF THE AMERICAS  
NEW YORK, NY 10020

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
CORRO, SANTO F  
1221 AVENUE OF THE AMERICAS  
NEW YORK, NY 10020

**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 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

Date

Daytime Phone #

*Andres* Vice President 1/20/05 212-282-2004