

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90214 026 \*\*\*150.00

**DOCUMENT # F04000000017**

1. Entity Name  
**TEREX UTILITIES SOUTH, INC.**



**40067842**

Principal Place of Business  
**142 GAMBLER RD  
SAN ANTONIO, TX 78219**

Mailing Address  
**142 GAMBLER RD  
SAN ANTONIO, TX 78219**

2. Principal Place of Business  
**142 GAMBLER ROAD**  
Suite, Apt. #, etc.  
**PO Box 1119**  
City & State  
**San Antonio, TX**  
Zip  
**78219** Country  
**USA**

3. Mailing Address  
**500 Post Road East**  
Suite, Apt. #, etc.  
**Suite 320**  
City & State  
**Westport, CT**  
Zip  
**06880** Country  
**USA**

04202006 Chg-P CR2E034 (11/05)



4. FEI Number  
**74-3075523**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	DP DEFEO, RONALD M 500 POST RD. EAST, STE 320 WESTPORT, CT 06880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSVP COHEN, ERIC I 500 POST RD. EAST, STE 320 WESTPORT, CT 06880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RAGOT, CHRISTIAN 500 POST RD. EAST, STE 320 WESTPORT, CT 06880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPF WIDMAN, PHILLIP C 500 POST RD. EAST, STE 320 WESTPORT, CT 06880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS GERSHOWITZ, JEFFREY A 500 POST RD. EAST, STE 320 WESTPORT, CT 06880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS POLAN, LISA G 500 POST RD. EAST, STE 320 WESTPORT, CT 06880	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Eric I. Cohen **Eric I. Cohen VP Secretary** 4/24/06 (203) 222-7170  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #