

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000001633**

1. Entity Name  
**COMMONWEALTH ELECTRIC COMPANY OF THE  
MIDWEST**



Principal Place of Business

**1901 Y ST. STE. 100  
LINCOLN, NE 68503**

Mailing Address

**PO BOX 80638  
LINCOLN, NE 68501-0638**



01122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**47-0708027**

Applied For  
Not Applicable

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**

**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, 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	PVC
NAME	FIRESTONE, DAVID F
STREET ADDRESS	4925 GLENEAGLE CT.
CITY - ST - ZIP	LINCOLN, NE 68526
TITLE	DV
NAME	CAMPBELL, PATRICK A
STREET ADDRESS	3901 E. WINSLOW AVE.
CITY - ST - ZIP	PHOENIX, AZ 85040
TITLE	DST
NAME	MOSS, GLEN A
STREET ADDRESS	882 N. LAKESHORE DRIVE
CITY - ST - ZIP	LINCOLN, NE 68528
TITLE	C
NAME	PRICE, THOMAS M
STREET ADDRESS	832 N. LAKESHORE DRIVE
CITY - ST - ZIP	LINCOLN, NE 68528
TITLE	V
NAME	DEMME, GARY
STREET ADDRESS	21260 GREENLAWN ROAD
CITY - ST - ZIP	ELKHORN, NE 68022
TITLE	V
NAME	STENTZ, NORMAN L
STREET ADDRESS	3235 SO. 31ST STREET
CITY - ST - ZIP	LINCOLN, NE 68502

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**DO NOT WRITE  
IN THIS SPACE**

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:** X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/06  
Date

402-494-1341  
Daytime Phone #