

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005921

FILED
Feb 01, 2005
Secretary of State

Entity Name: MAURICE ELECTRICAL SUPPLY COMPANY, INC.

Current Principal Place of Business:

500 PENN ST. NE
WASHINGTON, DC 20002

New Principal Place of Business:

Current Mailing Address:

500 PENN ST. NE
WASHINGTON, DC 20002

New Mailing Address:

FEI Number: 53-0075290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOGOD, MARK
Address: 9209 VENDONE DR
City-St-Zip: BETHESDA, MD 20817

Title: CEOC () Delete
Name: KOGOD, BRUCE
Address: 8513 HORSESHOE LANE
City-St-Zip: POTOMAC, MD 20854

Title: ST () Delete
Name: CLARICE, ROBERT E JR
Address: 209 HERITAGE FARM DR
City-St-Zip: MT AIRY, MD 21771

Title: VC () Delete
Name: GREEN, FAYE
Address: 700 NEW HAMPSHIRE AVE NE APT 1421
City-St-Zip: WASHINGTON, DC 20037

Title: D () Delete
Name: GREEN, DOUGLAS
Address: 1330 CONNCTICUT AVENUE NW SUITE 410
City-St-Zip: WASHINGTON, DC 20036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: CLARKE, ROBERT E JR
Address: 209 HERITAGE FARM DR
City-St-Zip: MT AIRY, MD 21771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E CLARKE JR

ST

02/01/2005

Electronic Signature of Signing Officer or Director

_____ Date