

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005921

Entity Name: MAURICE ELECTRICAL SUPPLY COMPANY, INC.

FILED  
Jan 11, 2007  
Secretary of State

**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: CLARKE, ROBERT E JR  
Address: 209 HERITAGE FARM DR  
City-St-Zip: MT AIRY, MD 21771

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

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 exemption stated 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 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 CLARKE

ST

01/11/2007

Electronic Signature of Signing Officer or Director

Date