

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000001939

1. Entity Name
MXENERGY INC.



Principal Place of Business
595 SUMMER STREET, SUITE 300
STAMFORD, CT 06901

Mailing Address
595 SUMMER STREET, SUITE 300
STAMFORD, CT 06901



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1543530	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000950135
06/03/08-80056-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MAYER, JEFFERY A 26 PEGUOT TRAIL WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARTMAN-HODGE, CAROLE R 61 RYE ROAD RYE, NY 10580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLAD, JOHN 6 WELLINGTON COURT DANBURY, CT 06811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT PARKIKH, CHAITU 205 BRANCHVILLE RD RIDGEFIELD, CT 06877
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GC HARTMANN, THOMAS W ESQ. 595 SUMMER ST. STE. 300 STAMFORD, CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGSTEIN, DANIEL 75 EAST 55TH STREET NEW YORK, NY 100223205

**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: *John H. Glad*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08
Date

208-256-1318
Daytime Phone