## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000003297

Address:

100 W SIXTH ST

City-St-Zip: MEDIA, PA 19063

Entity Name: INFRASOURCE TRANSMISSION SERVICES COMPANY

FILED Mar 30, 2007 Secretary of State

Entity Nai	me: INFRASC	URCE TRANSMISSION SER	VICES COMPANY		
Current Principal Place of Business:			New Prince	cipal Place of Business:	
413 E QUARTZ CIR MESA, AZ 85215 Current Mailing Address:			4143 E QUARTZ CIR MESA, AZ 85215 New Mailing Address:		
FEI Number	: 86-0787875	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1200 SOU PLANTATI	PORATION SYS TH PINE ISLAN ION, FL 33324	ND ROAD US	surness of changing i	its registered office or registered egent, or both	
	e of Florida.	submits this statement for the p	ourpose or changing i	its registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS	S AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	CD () HEIWIG, DAVID 100 W SIXTH S MEDIA, PA 190	Т	Title: Name: Address: City-St-Zip:	DIR (X) Change ( ) Addition HEIWIG, DAVID R 100 W SIXTH ST MEDIA, PA 19063	
Title: Name: Address: City-St-Zip:	P () HANG, FRED 4143 E QUARTZ MESA, AZ 852		Title: Name: Address: City-St-Zip:	PRES (X) Change ( ) Addition HAAG, FRED 4143 E QUARTZ CIR MESA, AZ 85215	
Title: Name: Address: City-St-Zip:	V () MASLONKA, JC 413 E QUARTZ MESA, AZ 852	CIR	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition MASLONKA, JON 4143 E QUARTZ CIR MESA, AZ 85215	
Title: Name: Address: City-St-Zip:	S () MULLER, WOLI 100 W SIXTH S MEDIA, PA 190	Т	Title: Name: Address: City-St-Zip:	AS (X) Change ( ) Addition MULLER, WILLIAM H 100 W SIXTH ST MEDIA, PA 19063	
Title: Name:	T () MONTGOMERY	Delete , TERENCE R	Title: Name:	TREA (X) Change ( ) Addition MONTGOMERY, TERENCE R	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

100 W SIXTH ST

MEDIA, PA 19063

SIGNATURE: WILLIAM H MULLER AS 03/30/2007