## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000005584

Address:

City-St-Zip:

151 WALNUT ST.

HARTFORD, CT 06120

Entity Name: ELECTRICAL WHOLESALERS FLORIDA, INC.

FILED Apr 30, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1101 NW 119 AVE. 3405 NW 115TH AVE. CORAL SPRINGS, FL 33071 MIAMI, FL 33178 **Current Mailing Address: New Mailing Address:** 151 WALNUT ST C/O MATTHEW SEVARINO HARTFORD, CT 06120 FEI Number: 35-2276945 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO ( ) Delete () Change () Addition WORTHY, RICHARD Name: Name: 717 CONSTITUTION DR. SUITE 108 Address: Address: City-St-Zip: **EXTON, PA 19341** City-St-Zip: ( ) Delete Title: **PRES** Title: () Change () Addition MOORE, RANDY Name: Name: 1101 NW 119 AVE Address: Address: CORAL SPRINGS, FL 33071 City-St-Zip: City-St-Zip: Title: () Delete Title: FVP () Change () Addition PROCACCINI, MATT Name: Name: 151 WALNUT ST Address: Address: City-St-Zip: HARTFORD, CT 06120 City-St-Zip: Title: SVP ( ) Delete Title: SECR (X) Change ( ) Addition SEVARINO, MATTHEW P BRADFORD, DAVID Name: Name:

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.

Address: City-St-Zip:

SIGNATURE: MATTHEW P. SEVARINO SVP 04/30/2008

31356 VIA COLINAS, SUITE 107

WESTLAKE VILLAGE, CA 91362