

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006075

FILED
Feb 27, 2008
Secretary of State

Entity Name: MOTOR CITY ELECTRIC UTILITIES COMPANY

Current Principal Place of Business:

9440 GRINNELL
DETROIT, MI 48213

New Principal Place of Business:

Current Mailing Address:

9440 GRINNELL
DETROIT, MI 48213

New Mailing Address:

FEI Number: 38-2511645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEVINE, STUART J
601 BAYSHORE BLVD.
STE 720
TAMPA, FL 33606 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: CHRM () Delete
Name: WIECZOREK, DALE
Address: 9440 GRINNELL
City-St-Zip: DETROIT, MI 48213

Title: P () Delete
Name: WIECZOREK, DALE
Address: 9440 GRINNELL
City-St-Zip: DETROIT, MI 48213

Title: VD () Delete
Name: HODGINS, DENISE
Address: 9440 GRINNELL
City-St-Zip: DETROIT, MI 48213

Title: VD () Delete
Name: FRANTZ, STEVE
Address: 9440 GRINNELL
City-St-Zip: DETROIT, MI 48213

Title: V () Delete
Name: WIECZOREK, KEVIN
Address: 9440 GRINNELL
City-St-Zip: DETROIT, MI 48213

Title: V () Delete
Name: MCGRAIL, TOM
Address: 9440 GRINNELL
City-St-Zip: DETROIT, MI 48213

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
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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: DENISE HODGINS

VP

02/27/2008

Electronic Signature of Signing Officer or Director

Date