2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006075

Entity Name: MOTOR CITY ELECTRIC UTILITIES COMPANY

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
9440 GRINNELL DETROIT, MI 48213					
Current Mailing Address:			New Mailing Address:		
9440 GRINI DETROIT, I					
FEI Number:	38-2511645	FEI Number Applied For () FEI Num	ber Not Applic	cable () Certificate of Status Desired (X)	
Name and	Address of Cu	urrent Registered Agent:	Name and A	Address of New Registered Agent:	
LEVINE, STUART J 601 BAYSHORE BLVD. STE 720 TAMPA, FL 33606 US					
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:					
		c Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CHRM () I WIECZOREK, D 9440 GRINNELL DETROIT, MI 48		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () I WIECZOREK, DA 9440 GRINNELL DETROIT, MI 48		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () I HODGINS, DENI 9440 GRINNELL DETROIT, MI 48			VP (X) Change () Addition HODGINS, DENISE 9440 GRINNELL DETROIT, MI 48213	
Title: Name: Address: City-St-Zip:	VD () I FRANTZ, STEVE 9440 GRINNELL DETROIT, MI 48		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition FRANTZ, STEVE 9440 GRINNELL DETROIT, MI 48213	
Title: Name: Address: City-St-Zip:	V () I WIECZOREK, KI 9440 GRINNELL DETROIT, MI 48		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition WIECZOREK, KEVIN 9440 GRINNELL DETROIT, MI 48213	
Title: Name: Address: City-St-Zip:	V () I MCGRAIL, TOM 9440 GRINNELL DETROIT, MI 48		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition MCGRAIL, TOM 9440 GRINNELL DETROIT, MI 48213	

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 01/14/2009