2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004346

FILED Aug 19, 2009 Secretary of State

Entity Na	me: ELECTR	CAL WHOLESALERS METR	O D.C., INC.				
Current P	rincipal Place	of Business:	New Prin	New Principal Place of Business:			
8601 RITC CAPITOL I	CHIE DR HEIGHTS, MD	20743					
Current M	lailing Addres	s:	New Mail	New Mailing Address:			
8601 RITC CAPITOL I	CHIE DR HEIGHTS, MD	20743					
FEI Number	Number: 71-1014380 FEI Number Applied For() FE		FEI Number Not App	olicable ()	Certificate of Status Desired ()		
Name and	d Address of C	current Registered Agent:	Name an	Name and Address of New Registered Agent:			
1200 SOU	PORATION SY ITH PINE ISLA ION, FL 33324	ND ROAD					
	e named entity e of Florida.	submits this statement for the	purpose of changing	its registered	office or registered agent, or both	,	
SIGNATU	RE:						
	Electror	ic Signature of Registered A	gent		Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICER	S AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MARSHALL, JO 15729 THISTLE	BRIDGE	Title: Name: Address: City-St-Zip:	WORTHY, RI 717 CONSTIT	TUTION DRIVE		
T: ()	\(\text{D} \)	B 1.1	-	050	00 OL () A LEE		

 Title:
 VP
 () Delete

 Name:
 FACCIOLO, JAMES

 Address:
 2404 HIGHTEE CT

 City-St-Zip:
 CROFTON, MD 21114

Title: () Delete

Name: Address: City-St-Zip: Title: SEC (X) Change () Addition

Name: BRADFORD, DAVID

Address: 31356 VIA COLINAS SUITE 107 City-St-Zip: WESTLAKE VILLAGE, CA 91362

Title: TREA () Change (X) Addition

 Name:
 PROCACCINI, MATT

 Address:
 151 WALNUT ST

 City-St-Zip:
 HARTFORD, CT 06120

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: MICHAEL G MEHOLICK CONS 08/19/2009