


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000002597
1. Entity Name
TOTAL GAS & POWER NORTH AMERICA, INC.



Principal Place of Business	Mailing Address
800 GESSNER STREET SUITE 700 HOUSTON, TX 77024 US	800 GESSNER STREET SUITE 700 HOUSTON, TX 77024 US

DO NOT WRITE IN THIS SPACE



02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2334559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and (file if applicable) (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00


9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO LAFOND, JACQUES 800 GESSNER STREET SUITE 700 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCO INGRAM, J. MARK 800 GESSNER STREET SUITE 700 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVGS HENDERSON, BRUCE 800 GESSNER STREET SUITE 700 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCORDIC, PAUL H 800 GESSNER STREET SUITE 700 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT OSWALD, JENNIFER 800 GESSNER STREET SUITE 700 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATEILLE, JEAN PIERRE 800 GESSNER STREET SUITE 700 HOUSTON, TX 77024

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02/22/05-80043-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Paul H. McCordic, 2/10/05 713 647-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Daytime Phone #