

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90193 001 ***150.00

DOCUMENT # F98000005120

1. Entity Name
SPRAGUE ENERGY CORP.

Principal Place of Business TWO INTERNATIONAL DR SUITE 200 PORTSMOUTH NH 03801	Mailing Address TWO INTERNATIONAL DR SUITE 200 PORTSMOUTH NH 03801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 02-0415440	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
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KANTELIS, JAMES M	
STREET ADDRESS	TWO INTERNATIONAL DRIVE, STE 200	
CITY-ST-ZIP	PORTSMOUTH NH 03801	
TITLE	C	<input type="checkbox"/> Delete
NAME	MOORE, JOHN	
STREET ADDRESS	TWO INTERNATIONAL DR, STE 200	
CITY-ST-ZIP	PORTSMOUTH NH 03801	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROD, EINAR M	
STREET ADDRESS	300 ATLANTIC STREET	
CITY-ST-ZIP	STAMFORD CT 06901	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMORADA, JOSEPH F	
STREET ADDRESS	300 ATLANTIC STREET	
CITY-ST-ZIP	STAMFORD CT 06901	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILLIGAN, LAWRENCE D	
STREET ADDRESS	300 ATLANTIC STREET	
CITY-ST-ZIP	STAMFORD CT 06901	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Joseph J. Riley	
STREET ADDRESS	2 International Drive	
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLIGAN, LAWRENCE D	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph J. Riley	
STREET ADDRESS	2 International Drive, Suite 200	
CITY-ST-ZIP	Portsmouth NH 03801	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph J. Riley **Joseph J. Riley** 4/27/01 (603) 431-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)