


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90113 015 ***150.00

DOCUMENT # F9800005120

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**~~

50026186

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
**300 Atlantic Street
 Suite 210
 Stamford, CT
 06901**

Country
USA



03022005 Chg-P CR2E034 (10/03)

4. FEI Number
02-0415440

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title 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	PD <input type="checkbox"/> Delete MCCLELLAN, JOHN TWO INTERNATIONAL DRIVE, STE 200 PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete MOORE, JOHN TWO INTERNATIONAL DR, STE 200 PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <input type="checkbox"/> Delete PAUL, SCOFF A TWO INTERNATIONAL DR STE 200 PORTSMOUTH, NH 038016809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WILSON, DESMOND P 300 ATLANTIC STREET, STE. 201 STAMFORD, CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MILLIAGN, MICHAEL D 300 ATLANTIC ST., STE. 201 STAMFORD, CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC <input type="checkbox"/> Delete RINALDI, GARY A 2 INTERNATIONAL DRIVE SUITE 200 PORTSMOUTH, NH 03801

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joyce T. Kotzker Axel Johnson Inc. 300 Atlantic St, Stamford, CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Joyce T. Kotzker, Asst Secretary** 3/9/05 203.326.5226
Signature and typed or printed name of signing officer or director Date Daytime Phone #