2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005120

Entity Name: SPRAGUE ENERGY CORP.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
SUITE 200	RNATIONAL D UTH, NH 0380					
Current Mailing Address:				New Mailing Address:		
300 ATLANTIC STREET SUITE 210 STAMFORD, CT 06901				TWO INTERNATIONAL DR SUITE 200 PORTSMOUTH, NH 03801		
FEI Number: 02-0415440 FEI Number Applied For () FEI Number			ber Not Appli	pplicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1203 GOVERNORS SQUARE BLVD., SUITE 101 TALLAHASSEE, FL 32301 US						
The above r in the State		ubmits this statement for the pu	rpose of	changing its	s registered o	ffice or registered agent, or both,
SIGNATUR	E:					
	Electronic	Signature of Registered Agent	t			Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	GLENDON, DAVI	NERGY, 2 INTERNATIONAL DR.		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	HENRY, KEVIN	Delete :NERGY, 2 INTERNATIONAL DR. NH 03801		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	PAUL, SCOFF A	Delete :NERGY, 2 INTERNATIONAL DR. NH 03801		Title: Name: Address: City-St-Zip:	SCOFF, PAUL	ENERGY, 2 INTERNATIONAL DR.
Title: Name: Address: City-St-Zip:	D () E SEITZ, CHARLES C/O AXEL JOHNS STAMFORD, CT	S W SON, 300 ATLANTIC ST STE 210		Title: Name: Address: City-St-Zip:	HENNELLY, BE	NSON INC. 155 SPRING ST. 6TH F
Title: Name: Address: City-St-Zip:	MILLIAGN, MÌCH	SON, 414 THIRD ST., N.E.		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	GRIER, TIMOTH	SON, 300 ATLANTIC ST, STE 210		Title: Name: Address: City-St-Zip:	GRIER, TIMOTI	ISON INC, 1 LANDMARK SQ., #407

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: PAUL SCOFF VPS 01/14/2009