

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006095

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** CENTRAL PENN ENERGY COMPANY, INC.

**Current Principal Place of Business:**

4 NORTH 4TH STREET  
RICHMOND, VA 23219 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 26765  
RICHMOND, VA 23261 US

**New Mailing Address:**

**FEI Number:** 25-1478196

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: AS  
Name: PALMER, LARRY E  
Address: P.O. BOX 26765  
City-St-Zip: RICHMOND, VA 23261

Title: S  
Name: GRINNAN, RICHARD R  
Address: P.O. BO 26765  
City-St-Zip: RICHMOND, VA 23261

Title: PD  
Name: BAXTER, PHILLIPS F JR  
Address: PO BOX 26765  
City-St-Zip: RICHMOND, VA 23261

Title: V  
Name: SEARS, STEVE E  
Address: PO BOX 26765  
City-St-Zip: RICHMOND, VA 23261

Title: T  
Name: JAROSINSKI, JEFFREY M  
Address: PO BOX 26765  
City-St-Zip: RICHMOND, VA 23261

Title: AS  
Name: HARVEY, M S  
Address: PO BOX 261  
City-St-Zip: JULIAN, WV 25529

I hereby 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 all other like empowered.

**SIGNATURE:** LARRY E PALMER

AS

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date