

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90204 026 \*\*\*150.00

**DOCUMENT # H76428**

1. Entity Name

SOUTHEAST UTILITIES, INC.



Principal Place of Business

174A SEMORAN COMMERCE PLACE  
104  
APOPKA FL 32703  
US

Mailing Address

174 A SEMORAN COMMERCE PLACE  
104  
APOPKA FL 32703  
US

2. Principal Place of Business

8350 Parkline Blvd

Suite, Apt. #, etc.

# 7

City & State

ORLANDO FL

Zip

32809

Country

ORANGE

3. Mailing Address

8350 Parkline Blvd

Suite, Apt. #, etc.

# 7

City & State

ORLANDO FL

Zip

32809

Country

ORANGE



1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2597825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME PILLAI, SANJIV  
STREET ADDRESS 865 MORNINGSIDE DR.  
CITY-ST-ZIP SCHAUMBURG IL 60173

TITLE STD ☐ Delete  
NAME VOSS, KLAUS W  
STREET ADDRESS 340 W DIVERSEY PKWY, #1817  
CITY-ST-ZIP CHICAGO IL 60657

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☒ Change ☐ Addition  
NAME VOSS, KLAUS W  
STREET ADDRESS 475 Second Ave South  
CITY-ST-ZIP Naples, FL 34102

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/2006 (847)956-8589

Date

Daytime Phone #

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