

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000001560

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** SHADY HILLS POWER COMPANY, L.L.C.

**Current Principal Place of Business:**

14240 MERCHANT ENERGY WAY  
SHADY HILLS, FL 34610

**New Principal Place of Business:**

**Current Mailing Address:**

800 LONG RIDGE ROAD  
ATTN: EFS LEGAL DEPT.  
STAMFORD, CT 06927

**New Mailing Address:**

**FEI Number:** 04-3597389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: PASQUIN, DAWN  
Address: 800 LONG RIDGE ROAD  
City-St-Zip: STAMFORD, CT 06927

Title: VP  
Name: CHADWICK, ANA  
Address: 800 LONG RIDGE ROAD  
City-St-Zip: STAMFORD, CT 06927

Title: VP  
Name: CHAUHAN, VIMAL  
Address: 800 LONG RIDGE ROAD  
City-St-Zip: STAMFORD, CT 06927

Title: SEC  
Name: NAJARIAN, HAIG  
Address: 800 LONG RIDGE ROAD  
City-St-Zip: STAMFORD, CT 06927

Title: AS  
Name: CRONE, MARYBETH  
Address: 800 LONG RIDGE ROAD  
City-St-Zip: STAMFORD, CT 06927

Title: AS  
Name: BARBUTO, CHRISTOPHER  
Address: 800 LONG RIDGE ROAD  
City-St-Zip: STAMFORD, CT 06927

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARYBETH CRONE

AS

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date