2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008019

FILED Apr 27, 2004 Secretary of State

Entity Name: NORTH AMERICAN ASSOCIATION OF UTILITY DISTRIBUTORS, INC.

Current Mailing Address: PO BOX 1930 LADY LAKE, FL 32158 FEI Number 82-0570034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COKER, LINDA B 3025 SANDY LANE THE VILLAGES, FL 32162 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 OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: D () Delete Name: CAMPBELL, SCOTT Name: () Change () Addition Name: Agdress: 208 PURDY ROAD City-St-Zip: COLBORNE ONTARIO CANADA, KOK 1SO Title: D () Delete Name: REINHARDT, JAMES G Address: 315 CORPORATE EXCHANGE COURT Title: D () Delete Name: RISINDARD, JAMES G Address: 315 CORPORATE EXCHANGE COURT Title: D () Delete Name: THIMJON, LONNY Address: 3776 WEST BROADWAY Address: 3776 WEST BROADWAY Address: 103 28TH STREET City-St-Zip: NORTH FAROO, ND 58108 City-St-Zip: JACKSON, MS 39201 Title: D () Delete Name: MOAK, EDDIE Name: MOAK, EDDIE Name: BRODE, BOB Name: BRODE, BRODE Name: BRODE, BRODE Name:	Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:		
PO BOX 1930 LADY LAKE, FL 32158 FEI Number: 82-0570034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: COKER, LINDA B 3025 SANDY LANE THE VILLAGES, FL 32162 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							
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In the State of Florida . SIGNATURE:	3025 SANDY LANE						
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: D () Delete Name: CAMPBELL, SCOTT Name: Address: 209 PURDY ROAD City-St-Zip: COLBORNE ONTARIO CANADA, KOK 1SO City-St-Zip: Title: D () Delete Name: REINHARDT, JAMES G Address: 3105 CORPORATE EXCHANGE COURT City-St-Zip: BRIDGETON, MO 63044 City-St-Zip: Title: D () Delete Name: THIMJON, LONNY Name: Address: 3776 WEST BROADWAY Address: City-St-Zip: MINNEAPOLIS, MN 55442 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: MINNEAPOLIS, MN 55442 City-St-Zip: Title: D () Delete Name: SILBERNAGEL, LEX Name: Address: 105 25TH STRET Address: City-St-Zip: NORTH FARGO, ND 58108 City-St-Zip: Title: D () Delete Name: Address: B15 S. PRESIDENT STREET Address: City-St-Zip: JACKSON, MS 39201 City-St-Zip: Title: D () Delete Name: Address: BRODE, BOB Address: BRODE, BOB Address: HUGHES SUPPLY COMPANY 1100 OLD STATE ROAD Address: BRODE, BOB Address: HUGHES SUPPLY COMPANY 1100 OLD STATE ROAD ADDITIONS/CHARGES TITLE: Title: TITLE: TO CAMPACH () Addition Address: TITLE: TITLE: TO C							
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Name: SILBERNAGÈL, LEX	Name: Address:	THIMJON, LON 3776 WEST BI	INY ROADWAY	Name: Address:		() Change () Addition	
Name: MOAK, EDDIE Name: Address: 815 S. PRESIDENT STREET Address: City-St-Zip: JACKSON, MS 39201 City-St-Zip: Title: D () Delete Title: D (X) Change () Addition Name: SMITH, GEFF Name: BRODE, BOB Address: HUGHES SUPPLY COMPANY 1100 OLD STATE ROAD Address: 9609 BECK CIRCLE	Name: Address:	SILBERNAGEL 105 25TH STR	, LEX ET	Name: Address:		() Change () Addition	
Name: SMITH, GEFF Name: BRODE, BOB Address: HUGHES SUPPLY COMPANY 1100 OLD STATE ROAD Address: 9609 BECK CIRCLE	Name: Address:	MOAK, EDDIÈ 815 S. PRESID	DENT STREET	Name: Address:		() Change () Addition	
	Name: Address:	SMITH, GEFF HUGHES SUP	PLY COMPANY 1100 OLD STATE ROAD	Name: Address:	BRODE, BO 9609 BECK	OB CIRCLE	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LONNY THIMJON PRES 04/27/2004