

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008019

FILED
Apr 26, 2005
Secretary of State

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

Current Principal Place of Business:

3025 SANDY LANE
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

PO BOX 1930
LADY LAKE, FL 32158

New Mailing Address:

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 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: D () Delete
Name: CAMPBELL, SCOTT
Address: 209 PURDY ROAD
City-St-Zip: COLBORNE ONTARIO CANADA, KOK 1S0

Title: D () Delete
Name: REINHARDT, JAMES G
Address: 3105 CORPORATE EXCHANGE COURT
City-St-Zip: BRIDGETON, MO 63044

Title: D () Delete
Name: THIMJON, LONNY
Address: 3776 WEST BROADWAY
City-St-Zip: MINNEAPOLIS, MN 55442

Title: D () Delete
Name: SILBERNAGEL, LEX
Address: 105 25TH STRET
City-St-Zip: NORTH FARGO, ND 58108

Title: D () Delete
Name: MOAK, EDDIE
Address: 815 S. PRESIDENT STREET
City-St-Zip: JACKSON, MS 39201

Title: D () Delete
Name: BRODE, BOB
Address: 9609 BECK CIRCLE
City-St-Zip: AUSTIN, TX 78758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES G REINHARDT

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date