

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90122 003 \*\*\*150.00

**DOCUMENT #** P95000034417

**1. Entity Name**

Total Gas and Electric, Inc.



**DO NOT WRITE IN THIS SPACE**

**14019449**

**2. Principal Place of Business**

750 Highway 34

Suite, Apt. #, etc.

**3. Mailing Address**

Same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Matawan, New Jersey

**City & State**

City & State

**4. FEI Number**

65-0584022

**Applied For**

Not Applicable

**Zip**  
07747

**Country**  
USA

**Zip**

**Country**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Corporate Service Company

**Street Address (P.O. Box Number is Not Acceptable)**

1201 Hays Street

**City**

Tallahassee

**FL**

**Zip Code**

32301

**DO NOT WRITE  
IN THIS SPACE**

**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**

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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** Chairman  
**NAME** Jeffery Mayer  
**STREET ADDRESS** 26 Pequot Trail  
**CITY-ST-ZIP** Westport, Ct. 06880

**TITLE** Chief Executive Officer  
**NAME** William Kinneary  
**STREET ADDRESS** 236 Nottingham Rd.  
**CITY-ST-ZIP** Morganville, NJ 07751

**TITLE** Chief Operating Officer  
**NAME** Carole Artman Hodge  
**STREET ADDRESS** 610 Rye Road  
**CITY-ST-ZIP** Rye, NY 10580

**TITLE** Chief Financial Officer  
**NAME** Chaitanya Parikh  
**STREET ADDRESS** 43 Arborview  
**CITY-ST-ZIP** Carmel, NY 10512

**TITLE** Treasurer  
**NAME** John Glad  
**STREET ADDRESS** 6 Wellington Court  
**CITY-ST-ZIP** Danbury, Ct 06811

**TITLE** Controller  
**NAME** Richard Burns  
**STREET ADDRESS** 1412 Hardley Ct  
**CITY-ST-ZIP** Bel Air, Maryland 21014

**TITLE**  
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IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Richard Burns*  
Richard Burns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04  
Date

732-765-8414  
Daytime Phone #

CR2E034B (12/02)