

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90197 001 ***150.00

DOCUMENT # P95000034417

1. Entity Name

TOTAL GAS & ELECTRIC, INC.



Principal Place of Business
750 HWY 34
MATAWAN NJ 07747

Mailing Address
750 HWY 34
MATAWAN NJ 07747

2. Principal Place of Business

3. Mailing Address

2187 ATLANTIC STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 120011

City & State

City & State

STAMFORD, CT

Zip

Country

Zip

Country

06912-0011

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0584022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301

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, 2003 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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	SEVIN, IRIK P	
STREET ADDRESS	450 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BARATZ, PHILLIP	
STREET ADDRESS	750 RICHWAY 34	
CITY-ST-ZIP	MATAWAN NJ 07747	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUDDEN, RICHARD	
STREET ADDRESS	450 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	KINNEARY, BILL	
STREET ADDRESS	750 HIGHWAY 34	
CITY-ST-ZIP	MATAWAN NJ 07747	
TITLE	S	<input type="checkbox"/> Delete
NAME	SEVIN, AUDREY L	
STREET ADDRESS	2187 ATLANTIC ST.	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SHAPIRO, ALAN	
STREET ADDRESS	666 FIFTH AVE., 28TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10103	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMBURY, RICHARD F.	
STREET ADDRESS	2187 ATLANTIC STREET	
CITY-ST-ZIP	STAMFORD, CT 06902	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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 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

Audrey L. Sevin
Audrey L. Sevin

2/13/03

Date

(203) 325-5400

Daytime Phone #