FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90659 035 ***150.00

DOCUMENT #

1. Entity Name

TG&E SERVICE COMPANY, INC.

DO NOT WRITE IN THIS SPACE

94080811

2. Principal Place of Business	3. Mailing Address
750 HIGHWAY 34	2187 ATLANTIC STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO BOX 120011
City & State: MATAWAN, NJ	City & State: STAMFORD, CT
Zip: 07747 Country:	Zip: 06912 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0952963 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS ST

City: TALLAHASSEE, FL **FL** Zip Code: 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CEOD
NAME	SEVIN, IRIK P
STREET ADDRESS	2187 ATLANTIC STREET
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	VICE PRESIDENT
NAME	AMBURY, RICHARD F
STREET ADDRESS	2187 ATLANTIC STREET
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	CHIEF FINANCIAL OFFICER
NAME	TRAUBER, AMI
STREET ADDRESS	2187 ATLANTIC STREET
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	SECRETARY
NAME	SEVIN, AUDREY L
STREET ADDRESS	2187 ATLANTIC STREET
CITY-ST-ZIP	STAMFORD, CT 06902
TITLE	ASSISTANT SECRETARY
NAME	SHAPIRO, ALAN
STREET ADDRESS	666 FIFTH AVE., 28TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/27/04 203-325-7331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #