


**2005 FOR PROFIT CORPORATION.  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000086006 1. Entity Name T G & E SERVICE COMPANY, INC.	
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Principal Place of Business 750 HIGHWAY 34 MATAWAN, NJ 07747	Mailing Address 2187 ATLANTIC ST PO BOX 120011 STAMFORD, CT 06912
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DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0841209	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD SEVIN, IRIK P 2187 ATLANTIC STREET STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMBURY, RICHARD F 2187 ATLANTIC STREET STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRAUBER, AMI 2187 ATLANTIC ST. STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEVIN, AUDREY L 2187 ATLANTIC ST. STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHAPIRO, ALAN 666 FIFTH AVE., 28TH FLOOR NEW YORK, NY 10103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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UN0000261385  
03/14/05-20008-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 authority with all other like empowered.

SIGNATURE:  3-7-05 203-328-7300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #