

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90026 029 ***150.00

DOCUMENT # P99000086006
 1. Entity Name
 T G & E SERVICE COMPANY, INC.



Principal Place of Business Mailing Address
 750 HIGHWAY 34 2187 ATLANTIC ST
 MATAWAN, NJ 07747 PO BOX 120011
 STAMFORD, CT 06912

400444



2. Principal Place of Business 3. Mailing Address
 2187 Atlantic Street

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Stamford CT City & State

Zip 06902 Country USA Zip Country

02012006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0841209 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

CAPITOL CORPORATE SERVICES, INC.
 1333 NORTH DUVAL STREET
 TALLAHASSEE, FL 32303

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00
 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD SEVIN, IRIK P <input checked="" type="checkbox"/> Delete 2187 ATLANTIC STREET STAMFORD, CT 06902	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cavanaugh, Joseph P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2187 Atlantic Street Stamford Ct 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMBURY, RICHARD F <input type="checkbox"/> Delete 2187 ATLANTIC STREET STAMFORD, CT 06902	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO, T.S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRAUBER, AMI <input checked="" type="checkbox"/> Delete 2187 ATLANTIC ST. STAMFORD, CT 06902	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEVIN, AUDREY L <input checked="" type="checkbox"/> Delete 2187 ATLANTIC ST. STAMFORD, CT 06902	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHAPIRO, ALAN <input type="checkbox"/> Delete 666 FIFTH AVE., 28TH FLOOR NEW YORK, NY 10103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Richard F. Ambury Date: 2-2-06 Daytime Phone #: 203-325-5478