2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000086006

FILED Jul 28, 2008 Secretary of State

Entity Name: TG & E SERVICE COMPANY, INC.							
Current Principal Place of Business:			New Principal Place of Business:				
2137 ATLANTIC ST STAMFORD, CT 06902			2187 ATLANTIC ST STAMFORD, CT 06902				
Current Mailing Address:			New Mailing Address:				
2187 ATLA PO BOX 12 STAMFOR							
FEI Number: 65-0841209		FEI Number Applied For ()	FEI Number Not Applicable ()		Certifica	tificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
155 OFFIC SUITE A	CORPORATE S E PLAZA DR. SSEE, FL 3230	SERVICES, INC.					
The above in the State	named entity s of Florida.	ubmits this statement for the po	urpose of changing it	s registered o	office or re	egistered agent, or both,	
SIGNATUR	E: RICHARD	AMBURY					
	Electroni	c Signature of Registered Age	nt			Date	
		(2)(b), F.S., the corporation did not	receive the prior notice	э.			
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD () CAUANAUGH, JO 2187 ATLANTIC STAMFORD, CT	STREET	Title: Name: Address: City-St-Zip:) Change() Addition	
Title: Name: Address: City-St-Zip:	V () AMBURY, RICHA 2187 ATLANTIC STAMFORD, CT	STREET	Title: Name: Address: City-St-Zip:	()) Change() Addition	
Title: Name: Address: City-St-Zip:	T () TRAUBER, AMI 2187 ATLANTIC STAMFORD, CT		Title: Name: Address: City-St-Zip:	CFO (X AMBURY, RICH 2187 ATLANTIC STAMFORD, C	HARD F C ST.	() Addition	
Title: Name: Address: City-St-Zip:	SD () SEVIN, AUDREY 2187 ATLANTIC STAMFORD, CT	ST.	Title: Name: Address: City-St-Zip:	CEO (X DONOVAN, DA 2187 ATLANTIC STAMFORD, C	NIEL P C ST.) Addition	
Title: Name: Address:	AS () SHAPIRO, ALAN 666 FIFTH AVE		Title: Name: Address:) Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RICHARD AMBURY CFO 07/28/2008

City-St-Zip: NEW YORK, NY 10103