


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000002597**

1. Entity Name  
**TOTAL GAS & POWER NORTH AMERICA, INC.**



Principal Place of Business <b>800 GESSNER STREET          SUITE 700          HOUSTON, TX 77024 US</b>	Mailing Address <b>800 GESSNER STREET          SUITE 700          HOUSTON, TX 77024 US</b>
---	---



03212006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-2334559</b>	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

**CT CORPORATION SYSTEM  
 1200 SO PINE ISLAND RD  
 PLANTATION, FL 33324**

**DO NOT WRITE IN THIS SPACE**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO LAFOND, JACQUES 800 GESSNER STREET SUITE 700 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCO INGRAM, J. MARK 800 GESSNER STREET SUITE 700 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVGS HENDERSON, BRUCE 800 GESSNER STREET SUITE 700 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCORDIC, PAUL H 800 GESSNER STREET SUITE 700 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT OSWALD, JENNIFER 800 GESSNER STREET SUITE 700 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATEILLE, JEAN PIERRE 800 GESSNER STREET SUITE 700 HOUSTON, TX 77024

U00000516354  
 05/01/06-80001-006 150.00

**DO NOT WRITE IN THIS SPACE**

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:  **4/11/2006** **7136474023**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #