

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000004322

**Entity Name:** CONNECTICUT ENERGY SERVICES, INC.

**Current Principal Place of Business:**

270 FARMINGTON AVENUE  
SUITE 160  
FARMINGTON, CT 06032

**Current Mailing Address:**

628 HEBRON AVENUE  
SUITE 400  
GLASTONBURY, CT 06033 US

**FEI Number: 06-1625098**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            CHRISTMAN, PETER JR.  
Address        628 HEBRON AVENUE  
                  SUITE 400  
City-State-Zip: GLASTONBURY CT 06033

Title            VP  
Name            GUIDOTTI, HAROLD  
Address        628 HEBRON AVENUE  
                  SUITE 400  
City-State-Zip: GLASTONBURY CT 06033

Title            VP  
Name            PEREDA, RAUL  
Address        628 HEBRON AVENUE  
                  SUITE 400  
City-State-Zip: GLASTONBURY CT 06033

Title            SECRETARY, DIRECTOR  
Name            NIELSEN, CORY J.  
Address        628 HEBRON AVENUE  
                  SUITE 400  
City-State-Zip: GLASTONBURY CT 06033

Title            CFO  
Name            CIRIELLI, DONATO  
Address        628 HEBRON AVENUE  
                  SUITE 400  
City-State-Zip: GLASTONBURY CT 06033

Title            DIRECTOR  
Name            TEVNAN, BRIAN  
Address        628 HEBRON AVENUE  
                  SUITE 400  
City-State-Zip: GLASTONBURY CT 06033

*I hereby 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 all other like empowered.*

**SIGNATURE: J. CORY NIELSEN**

**SECRETARY**

**04/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date