# COMPETITIVE RETAIL ELECTRIC SERVICE

(check all that apply):

d	<b>AGGREGATOR</b>
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☐ RETAIL ELECTRIC GENERATION PROVIDER

☐ GOVERNMENTAL AGGREGATOR

□ POWER BROKER

POWER MARKETER

### INTRASTATE

# ANNUAL REPORT

If name was changed during the year, show also the previous name and date of change.

GOZI WALLER ROAD EXT. SLITE 300, WEXFORD PI

15090

(Address of principal business office at end of year)

## TO THE **PUBLIC UTILITIES COMMISSION OF OHIO**



FOR THE YEAR ENDED DECEMBER 31, 20 9

Name, title address and telephone number (including area code) of the person to be contacted concerning this report.

Suite 300, Wexford, PA 15090

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business. Technician Date Processed\_

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#### **IDENTITY OF RESPONDENT**

- 1. State whether respondent is a corporation, a joint stock association, a firm or partnership, or an individual. CORPORATION
- 2. Identify names of affiliate and subsidiary companies of the respondent.

NA

Date when respondent began operations in Ohio.

11/8/09

If a consolidated or merged company, give names of each such incident, date, and Commission authority. If a reorganized company, give name of original corporation.

Nh

- 5. If incorporated specify (a) Date of filing articles of incorporation, 01/16/04
  (b) State in which incorporated, Pelaware
- 6. Ohio certificate number, case number granting authority and date issued.

09-174E(1) 09-0919-EL-AGG

7. State whether or not the respondent during the year conducted any part of its business under a name or names other than that shown on Title Page. If so, give full particulars.

NA

8. Description of Ohio service territory served by respondent.

AGGREGATUR.

#### IMPORTANT CHANGES DURING THE YEAR

Report important changes of the types listed. Except as otherwise indicated, data furnished should apply to the same period the report covers. Answers should be numbered in accordance with the inquiries and if "none" states the fact, it should be used. If information, which answers an inquiry, is given elsewhere in the report, identification of the other answer will be sufficient.

1. Changes in ownership or control (shareholders holding 5% or more of outstanding stock).

#### NA

2. Other important changes: Give brief particulars of each other important change, which is not disclosed elsewhere in this report.

<sup>\*</sup>Please note any material changes that occurred during the year are also required to be filed in the respective CRES case docket (EL-CRS, EL-AGG, EL-GAG) pursuant to CRES Rule 4901:1-24-20.

# STATEMENT OF INTRASTATE GROSS RECEIPTS AND KWH SALES

Customer Class	Sales (kWh)	Earnings(\$)
Residential		
Commercial		
Industrial		
Other		
Total		

NIL

#### Instructions:

This information is used for PUCO annual assessment purposes pursuant to Section 4905.10, Revised Code. The reporting company shall report its intrastate gross earnings for the provision of retail services (e.g. Retail Electric Generation, Broker, Marketer, Governmental Aggregator) for which it is subject to certification by the PUCO under Section 4928, Revised Code. In addition, power providers please provide all corresponding sales of kilowatt hours of electricity. Sales of kilowatt hours of electricity are deemed to occur at the meter of the retail customer.

The reporting company shall maintain supporting and/or subsidiary records to separately record receipts and sales of electricity derived from operations other than in Ohio. Information presented herein is subject to audit by the PUCO.

#### **COMPANY CONTACTS**

# IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE IS DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.

# Name, Title, Address, and Phone Number of the Company's Contact Persons To Receive Entries and Orders from the Docketing Division

MICHOLAS I SEITHAMAKIS	€u/>
Name	Title
GOZI WHELDE BY EXT. SUITE :	300 WexFORD, 77A 15090
Address	
724 933 //80	
724 933 //8G Phone Number (Including Area Code)	
NSEITANAKIS@ Co-	EXPRISE, GM
E-Mail Address	
Name, Title, Address, and Phone	Number of Person to whom Invoice
Should	be directed
/- >	
Name (SANE)	Title
	,
Address	
Phone Number (Including Area Code)	
, ,	
****	
Name and Adda	ress of the President
Name R BUAIR	President
Address	00 MEYEURD 14 12000

## **VERIFICATION**

The President or Chief Officer of the company must verify the foregoing report. The oath required may be taken before any person authorized to administer an oath by the laws of the State in which the same is taken.

OATH

State of HA	<del></del>
County of ALEGHENY	
WALLAM R BEALIR	makes oath and says that
(Insert here the name of the affiant)	
he is PREMIDENT & CEO	
(Insert here the of	ficial title of deponent)
of Co. EXPASE, INC	
(Insert here the exact legal t	itle or name of the respondent)
that he has examined the foregoing report; that to the best of fact contained in the said report are true and the said reparabove-named respondent in respect to each and every matter	ort is a correct statement of the business and affairs of the
	WmRtslam 15
·	(Signature of affiant)