

NABCEP™

Raising Standards. Promoting Confidence.



**PV Installation
Professional**

Certification #091209-132

Expires October 14, 2015

**The North American Board of
Certified Energy Practitioners**

does hereby certify that

Ronnie Obara

has satisfied the requirements and standards for the

PV Installation Professional

established by the NABCEP Board of Directors.

A handwritten signature in dark ink that reads "Donald B. Warfield".

Donald B. Warfield, Board Chairman

SECRETARY OF STATE JESSE WHITE
STATE OF ILLINOIS
CORPORATE ANNUAL REPORT
(Form CDBCAF - Rev. 09/30/2009)

* * THIS REPORT CAN BE FILED ON-LINE @ www.cyberdriveillinois.com WITH AN EXPEDITED FEE. * *
(USE BLACK INK)

TITLE ELECTRIC COMPANY
% GUY M KARM
750 W NORTHWEST HWY
ARLINGTON HTS IL 60004

04/30/2007
Cook County

1-4. Verify information is accurate.

5. MUST list names and addresses of all officers and directors as of the date of signing. If you are the sole officer, please indicate. If more space is needed, enclose attachment with corporate file number on the attachment.

6. Changes to the authorized shares must be completed on form BCA 10.30 for Illinois Corporations. Foreign Corporations must file certified copies of amendment from state of incorporation. If any changes have been made to the issued shares, a BCA form 14.30 must be completed and filed.

7. Verify Registered Agent on file is true and accurate. It will be necessary to file in this office form BCA 5.10 in order to make any changes in the Registered Agent's name and/or address. BCA 5.10 along with your \$25 fee MUST be submitted TOGETHER with the Annual Report in the SAME envelope. This form can be downloaded from our Internet web site www.cyberdriveillinois.com. Click on "Publications".

FILE # D 5551-209-4

7a. Insert the principal address of Corporation.

7b. This document MUST be signed by an authorized Officer.

Reverse Side

9. Complete preparer information as requested.

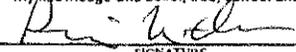
10. Affirm female or minority status. You must complete annually by selecting appropriate box. TO QUALIFY, 51% OWNERSHIP IS REQUIRED.

Check this box if there are any changes in President or Secretary in #5 and MAIL IN THIS PORTION WITH THE ANNUAL REPORT. Your current President and Secretary are:

President: RONNIE W OBARA 3209 DOOLITTLEDRIVE NORTHBROOK 60062-2410
Secretary: RONNIE W OBARA 3209 DOOLITTLEDRIVE NORTHBROOK 60062-2410

DETACH AT PERFORATION AND SUBMIT WITH PAYMENT. DO NOT SUBMIT PHOTOCOPY FOR FILING

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| | | | | |
|---------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|
| 1) Corporate Name TITLE ELECTRIC COMPANY | | 2) File Number D 5551-209-4 | 3) State / Country Illinois | 4) Inc / Qual Date 05/08/1989 |
| 5) President Name & Address Ronnie W. Obara 3209 Doolittle Drive Northbrook, IL 60062 | | | | |
| Secretary Name & Address Ronnie W. Obara 3209 Doolittle Drive Northbrook, IL 60062 | | | | |
| Officer / Director Name & Address Ronnie W. Obara 3209 Doolittle Drive Northbrook, IL 60062 | | | | |
| Officer / Director Name & Address | | | | |
| Officer / Director Name & Address | | | | |
| 6) Share Information | Class | Series | Par Value | Number Authorized |
| | COMM | | .00000 | 1,000 |
| | | | | Number Issued as of 02/28/2013 |
| | | | | 100.000 |
| 7) Registered Agent GUY M KARM 750 W NORTHWEST HWY ARLINGTON HTS IL 60004 Cook County | | 7a) Principal Address of Corporation: 3209 Doolittle Drive Northbrook, IL 60062 | | |
| YEAR 2013 | | Street City State Zip Code | | |
| | | 7b) Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to the provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete | | |
| | |  SIGNATURE Title Date 5/1/2013 | | |

STATE OF ILLINOIS
CORPORATE ANNUAL REPORT

(Form CDBCAB - Rev. 02/20/2008)

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

11. Enter Paid-in Capital as of the date listed. (Paid-in Capital reflects the sum of the stated Capital and Paid-in surplus accounts).

11a. If box 11 and 11a are different, you MUST file a BCA 14.30.

12. The State of Illinois requires all For Profit Corporations to pay a franchise tax. You must choose the method in which you will calculate your franchise tax from the 3 options listed below. You MUST fill in your choice in box 12.

A. All Property of the corporation is in Illinois and ALL business of the corporation is transacted at or from places of business in Illinois. Skip boxes 12a through 12d and Enter 1.000000 in box 12e.

B. The corporation ELECTS to pay franchise tax on the basis of 100% of its total paid-in capital. Skip boxes 12a through 12d and Enter 1.000000 in box 12e.

C. The corporation has assets and / or transacts business outside of the State of Illinois, boxes 12a through 12d MUST be completed.

"Property" means gross assets, including all real, personal, tangible and intangible property, without qualification. "Business" means gross receipts, from whatever source derived.

Note: The figures used in 12a) through 12d) will be given as of the close of the corporation's fiscal year on or immediately preceding the date printed in item 11. Enter date in item 12f YE.

12a) Enter the value of the property owned by the corporation, wherever located: GROSS ASSETS.

12b) Enter the value of the property owned by the corporation, located in Illinois: ILLINOIS GROSS ASSETS.

12c) Enter the gross amount of business transacted by the corporation everywhere.

12d) Enter the gross amount of business transacted by the corporation at or from places of business in the State of Illinois.

12e) Divide (12b + 12d) by (12a + 12c). This figure MUST BE 6 decimal places and ENTERED into box 12e.

12f) Multiply box 11 by box 12e. If the annual report is late, multiply the greater of box 11 or 11a by box 12e.

12g) Multiply box 12f by 0.001. If this figure is less than \$25.00 enter \$25.00. If greater than \$2,000,000.00 enter \$2,000,000.00.

13. If submitting after due, complete worksheet below.

Late annual report
Multiply box 12g by 0.10

Late Franchise Tax
Multiply box 12g by .02 by number of months late (minimum \$1.00).

Enter total in box 13.

TOTAL

14) \$75.00 filing fee.

15) Total due: add boxes 12g+13+14 (MINIMUM \$100.00).

16) Make check payable to Secretary of State. Please detach check stub.

CHECKLIST

Boxes 5 and 11 have been completed.

Box 12 has been completed and choice for Franchise tax was given.

Box 12e has been completed.

Box 12g is not less than \$25.00.

Box 15 is not less than \$100.00.

Box 7b is signed by an officer.

Place File number on check. Do not staple or paper clip check to annual report.

If submitting a form BCA 14.30, your previous allocation factor is 1.000000

Additional forms are located at www.ilsos.net or can be requested by telephone at (217) 782-6961. For questions regarding this form please call 217-782-7808.

| | | | | |
|-----------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------|
| File # D 5551-209-4 | 8) RESERVED | 11) Current Paid-in Capital 02/28/2013 | 1,000.00 | 11a) 100 |
| 9) Prepared by Guy M. Karm | | 12) A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> | Use decimals in 12a-d, f & g also in 13 and 15 | 12) FYE (See Note) |
| Address 750 W. Northwest Highway Arlington Heights, IL 60004 | | 12a) Total Gross Assets | \$ | Franchise Tax & Fees |
| Phone # 847-259-4800 | | 12b) Gross Assets in Illinois | \$ | |
| E-mail Address | | 12c) Total Gross Business | \$ | 13) Penalty / Interest |
| 10) <input type="checkbox"/> Female <input type="checkbox"/> Minortly <input type="checkbox"/> Both | | 12d) Total Business in Illinois | \$ | 14) Filing fee \$75.00 |
| Annual Report Year 2013 | | 12e) Allocation Factor | 1.000000 | 15) Total Due (Minimum of \$100.00) |
| | | 12f) Illinois Capital | \$1,000.00 | \$100.00 |

Jesse White Secretary of State
Department of Business Services
501 S 2nd Street
Springfield IL 62756-5510