



Title Electric Company

ELECTRICAL CONTRACTORS
3209 Doolittle Drive
Northbrook, IL 60062-2410
847-753-9605 • FAX: 847-753-9607

December 19, 2013

Elizabeth A. Rolando
Chief Clerk
Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, IL 62701

Re: Electric Vehicle Charging Station Installer Certification AFFIDAVIT
Title Electric Company

Ms. Rolando,

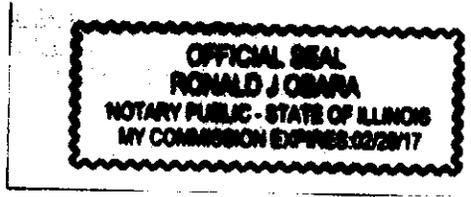
With this affidavit, I, Ronnie W. Obara, President of Title Electric Company, attest and certify that I have managed the successful and complete installation of (3) Electric Vehicle Charging Stations at (3) separate residential locations as well as (4) Electric Vehicle Charging Stations at (3) different Commercial locations for a total of (7) Installations. All were successfully tested and commissioned and are currently operational.

Sincerely,
Title Electric Company

Ronnie W. Obara
President

Subscribed and sworn to before me

this 19 day of DECEMBER, 2013

Notary Public



CERTIFICATE OF LIABILITY INSURANCE

TITLE-1

OP ID: JF

DATE (MM/DD/YYYY)

12/17/13

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Rand-Tec Insurance Agency Inc. 977 Lakeview Parkway, Ste 105 Vernon Hills, IL 60061 Todd Silver	847-367-2633 847-367-2636	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____
	INSURER(S) AFFORDING COVERAGE	
INSURED Title Electric Company 3209 Doolittle Northbrook, IL 60062	INSURER A: Pekin Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			CL0104999	05/10/13	05/10/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POF AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			00P644266	05/10/13	05/10/14	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$			00CU21904	05/10/13	05/10/14	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	00WC79624	05/10/13	05/10/14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER CHIEF CLERK ILLINOIS COMMERCE COMMISSION	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Todd Silver</i>

© 1988-2010 ACORD CORPORATION. All rights reserved.

YEAR OF 2013
DUE PRIOR TO 05/01/2013

SECRETARY OF STATE JESSE WHITE
STATE OF ILLINOIS
CORPORATE ANNUAL REPORT
(Form CDBCAF - Rev. 05/30/2008)

PAGE 1
CORPORATION FILE #
D 5551-209-4

* * 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 DOOLITTLE DRIVE NORTHBROOK 60062-2410
Secretary: RONNIE W. OBARA 3209 DOOLITTLE DRIVE NORTHBROOK 60062-2410

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

000084

1) Corporate Name TITLE ELECTRIC COMPANY		2) File Number D 5551-209-4	3) State / County 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
				Number Issued as of 02/28/2013
	COMM		.00000	1,000
				100.000
7) Registered Agent GUY M KARM 750 W NORTHWEST HWY ARLINGTON HTS IL 60004 Cook County		YEAR 2013		
		7a) Principal Address of Corporation: 3209 Doolittle Drive Northbrook, IL 60062		
		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		
		<i>Ronnie W. Obara</i> RONNIE W. OBARA 5/1/2013		
		SIGNATURE Title Date		