



# Public Utilities Commission

## Annual Report to the Commission for Competitive Retail Electric Service

AGGREGATOR

GOVERNMENTAL AGGREGATOR

POWER MARKETER

RETAIL ELECTRIC GENERATION PROVIDER

POWER BROKER

Certification Number: 13-696E

PUCOID Number: 356263

## Annual Report for the Year ending December 31, 2014 of EnergyConnect, Inc.

Address:

901 Campisi Way, Suite 260  
Campbell, CA 95008

Website URL:

[www.johnsoncontrols.com/energyconnect](http://www.johnsoncontrols.com/energyconnect)

Filed by:

**Jason Huang**  
**(408) 963-5560**

Changes: This company did not have any changes in name(s), principal address, legal status, ownership, corporate structure or operations during the 2014 reporting year.

Annual Report filings and instructions are available at:

[www.puco.ohio.gov/puco/docketing/](http://www.puco.ohio.gov/puco/docketing/)

Customer Class	Sales (kWh)	Earnings(\$)
Residential	0	\$0
Commercial	0	\$0
Industrial	0	\$0
Other	0	\$0
<b>Total</b>	<b>0</b>	<b>\$0</b>

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.

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

**Docketing Contact Information**

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jason.huang@jci.com

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Email

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Jason Huang

Compliance Dept

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Name

Title

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901 Campisi Way, Suite 260 Campbell, CA 95008

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Address

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(408) 963-5560

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Phone Number (including Area Code)

**Fiscal Contact Information**

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edith.a.koenig@jci.com

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Email

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Edith Koenig

Finance Business Analyst

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Name

Title

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507 E Michigan St Milwaukee, WI 53202

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Address

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(414) 524-6648

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Phone Number (including Area Code)

**Ohio** | **Public Utilities Commission** | **Affidavit for the Filing of the Annual Report of a Regulated Entity**

**REQUIRED VERIFICATION:**

The Annual Report of a Regulated Entity to the Commission must be verified by an authorized officer of the Reporting Entity, pursuant to Ohio Revised Code Section 4905.14(A)(1).

State of: California  
 County of: Santa Clara

Affiant's Name: Terrill Laughlin  
 Affiant's Title: VP/IGM  
 Reporting Entity: EnergyConnect, Inc.

**OATH:**  
 The undersigned, being duly sworn, states that s/he is authorized to file the foregoing Annual Report to the Public Utilities Commission of Ohio on behalf of the above-named Reporting Entity; that to the best of her/his knowledge, information, and belief, all statements of fact contained therein, including any supporting schedules, are true; and that said Annual Report is a correct statement of the business and affairs of the Reporting Entity in respect to each and every matter set forth during the reporting period identified therein.

If applicable, the employee, agent, accounting firm or other third party company indicated below is hereby authorized to electronically file said Annual Report on my behalf.

Filer's Name: Jason Huang  
 Filer's Title: EnergyConnect, Inc.  
 Filer's Company: EnergyConnect, Inc.  
Jason Huang (Signature of Affiant)

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_.

Signature of Notary: \_\_\_\_\_  
 Print name of Notary: \_\_\_\_\_  
 My commission expires on: \_\_\_\_\_

**DECLARATION OF FILER:**  
 The above indicated Filer, if applicable, hereby verifies that the Annual Report being electronically filed with the Public Utilities Commission of Ohio on behalf of the above-named Reporting Entity accurately reflects all statements of fact as authorized by the above-named Affiant.

\_\_\_\_\_  
 (Signature of Filer)

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

CIVIL CODE § 11109

State of California  
 County of Santa Clara  
 On April 14, 2015 before me, Jamie LaPppin  
 Date Terrill Laughlin  
 personally appeared \_\_\_\_\_  
 (Name(s) of Signer(s))  
 \_\_\_\_\_  
 (Here Insert Name and Title of the Officer  
 Name(s) of Signer(s))

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) I share subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: Jamie LaPppin  
 (Signature of Notary Public)



Please Notify Seal Above

**OPTIONAL**

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document: OHIO Annual Report Affidavit

Title or Type of Document: \_\_\_\_\_

Document Date: 4/14/15

Number of Pages: 1

Signer(s) Other Than Named Above: \_\_\_\_\_

Capacity(ies) Claimed by Signer(s)

- |  |  |
|--|--|
| Signer's Name: _____   | Signer's Name: _____   |
| <input type="checkbox"/> Corporate Officer – Title(s): _____   | <input type="checkbox"/> Corporate Officer – Title(s): _____   |
| <input type="checkbox"/> Individual  | <input type="checkbox"/> Individual  |
| <input type="checkbox"/> Partner – <input type="checkbox"/> Limited <input type="checkbox"/> General | <input type="checkbox"/> Partner – <input type="checkbox"/> Limited <input type="checkbox"/> General |
| <input type="checkbox"/> Attorney in Fact  | <input type="checkbox"/> Attorney in Fact  |
| <input type="checkbox"/> Trustee   | <input type="checkbox"/> Trustee   |
| <input type="checkbox"/> Guardian or Conservator   | <input type="checkbox"/> Guardian or Conservator   |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Other: _____  |
| Signer Is Representing: _____  | Signer Is Representing: _____  |

