

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90064 048 \*\*\*150.00

**DOCUMENT # 115054**

1. Entity Name  
**COMPANIA COLOMBIANA DE ELECTRICIDAD**

Principal Place of Business		Mailing Address	
1111 W JEFFERSON ST TAX DEPT BOISE ID 83702 US		1111 W JEFFERSON STREET - TAX DEPT. P.O. BOX 50 BOISE ID 83728-0050 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>13-5601099</b>				Applied For			
				Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HOLLERAN, J.W.</b> <b>1111 W JEFFERSON ST</b> <b>BOISE ID</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSD</b> <b>BALKINS, A. JAMES, III</b> <del><b>1111 W JEFFERSON ST</b></del> <del><b>BOISE ID</b></del>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VASD</b> <b>PELLINEN, HERBERT W.</b> <b>1111 W JEFFERSON ST</b> <b>BOISE ID</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>VASD</b></del> <del><b>FLACKER, EA.</b></del> <del><b>1111 W JEFFERSON ST</b></del> <del><b>BOISE ID</b></del>	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>LITTMAN, IRVING</b> <b>1111 W JEFFERSON ST</b> <b>BOISE ID</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>Nielsen, Val P.</b> <b>1111 W. Jefferson Street</b> <b>Boise, ID 83728</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Val Nielsen* **Val Nielsen** ASSISTANT TREASURER **APR 11 2000 208/384-7920**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 19/99

115054

945358

P46282  
03/24/00

COLOMBIAN ELECTRIC COMPANY  
13-5601099 TOA34  
OFFICERS AND DIRECTORS

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INITIALS ARE LEGAL NAME.

DATE OF  
ELECTION      OFFICERS

02/14/1992 J. W. HOLLERAN  
PRESIDENT

SSN=548-84-6076

OFFICE: 1111 W. JEFFERSON STREET  
BOISE, IDAHO 83728

RESIDENCE: 505 EAST BRAEMERE  
BOISE, IDAHO 83702

02/14/1992 A. JAMES BALKINS III  
VICE PRESIDENT  
02/14/1992 SECRETARY

SSN=521-76-0028

OFFICE: 800 WEST BRYN MAWR AVENUE  
ITASCA, IL 60143

RESIDENCE: 1606 RIDGECLIFF LANE  
BOISE, IDAHO 83702

02/14/1992 HERBERT W. PELLINEN  
VICE PRESIDENT  
02/14/1992 ASSISTANT SECRETARY

SSN=472-70-6684

OFFICE: 1111 W. JEFFERSON STREET  
BOISE, ID 83728

RESIDENCE: 1814 EDGECLIFF TERRACE  
BOISE, ID 83702

02/14/1992 IRVING LITTMAN  
TREASURER

SSN=524-46-9761

OFFICE: 1111 W. JEFFERSON STREET  
BOISE, ID 83728

RESIDENCE: 760 HARCOURT ROAD  
BOISE, ID 83702

115054

945358

P46282  
03/24/00

COLOMBIAN ELECTRIC COMPANY  
13-5601099 TOA34  
OFFICERS AND DIRECTORS

PAGE: 1

INITIALS ARE LEGAL NAME.

DIRECTORS

A. JAMES BALKINS III  
02/14/1992 DIRECTOR

SSN=521-76-0028

OFFICE: 800 WEST BRYN MAWR AVENUE  
ITASCA, IL 60143

RESIDENCE: 1606 RIDGECLIFF LANE  
BOISE, IDAHO 83702

J. W. HOLLERAN  
02/14/1992 DIRECTOR

SSN=548-84-6076

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BOISE, IDAHO 83728

RESIDENCE: 505 EAST BRAEMERE  
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02/14/1992 DIRECTOR

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