FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN -8 AM 11:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 843993

1. Corporation Name
FPL FUELS, INC.

Principal Place of Business	Mailing Address
C/O J H MANAGEMENT CORP P.O. BOX 4024 BOSTON MA 02101 US	% JH HOLDINGS CORP PO BOX 4024 BOSTON MA 02101 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/27/1979

2. Principal Place of Business (21) — 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)
City & State (23) — City & State (28)
Zip (24) Country (25) — Zip (29) Country (30)

4. FEI Number: 13-2992456 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, NANCY D.		1.2 NAME		
STREET ADDRESS	39 SOUTH TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY MA		1.4 CITY-ST-ZIP		
TITLE	ASD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COLBY, LOUISE E.		2.2 NAME		
STREET ADDRESS	11 CAZENOVE STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		2. 4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BITAR, DOLORES A		3.2 NAME		
STREET ADDRESS	25 RESERVOIR RD, C3		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE MA 02359		3.4. CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FITZGERALD, LAURIE A		4. 2 NAME		
STREET ADDRESS	63 LAWRENCE ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	MALDEN MA		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DONALDSON, R. DOUGLAS		5.2 NAME	500002734355--2	
STREET ADDRESS	28 GRANT STREET		5.3 STREET ADDRESS	B 1/8/99	
CITY-ST-ZIP	NEEDHAM MA		5.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	6.1 TITLE	S	☒ Change ☐ Addition
NAME	BRENNAN, ANNE B		6.2 NAME	Jacy L. Wilson	
STREET ADDRESS	843 WASHINGTON ST		6.3 STREET ADDRESS	Ropes & Gray, One International Place	
CITY-ST-ZIP	CANTON MA 02021		6.4 CITY-ST-ZIP	Boston, MA 02110-2624	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. DOUGLAS DONALDSON Treasurer — 1/6/99 — 617 981-7690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 091736 4304990

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 150.00

ORDER DATE : January 7, 1999

ORDER TIME : 9:37 AM

ORDER NO. : 091736-005

CUSTOMER NO: 4304990

CUSTOMER: Sharon Weinzimer, Legal Asst
Ropes & Gray
One International Place

Boston, MA 02110

RECEIVED
99 JAN -8 AM 10:41
DIVISION OF CORPORATIONS

ANNUAL REPORT FILING

NAME: FPL FUELS, INC.

XX ___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: JEANINE REYNOLDS

1/8/99

EXAMINER'S INITIALS: TJ