DOCUMENT # A30727  1. Entity Name  INDIANTOWN COGENERATION, L.P., LIMITED PARTNERSH							
					FILED		
Principal Place of Business ATTN: JENNIFER COGNATA P.O. BOX 1620 INDIANTOWN FL 34956		ATTN: JENNIFE P.O. BOX 1620	Mailing Address ATTN: JENNIFER COGNATA P.O. BOX 1620 INDIANTOWN FL 34956			O1 FEB 14 PM 12: 31  SECRETARY OF STATE TAIL A HASSEE, FLORIDA TAIL A HASSEE, FLORIDA	
2. Principal Place of Business 7500 Old Georgetown Road Suite, Apt. #, etc. 5uite 1300		Attn: Ta	3. Mailing Address Attn: Tax Department Suite Apt. #, etc. 7500 Old Georgetown Rd., F1r.			DO NOT WRITE IN THIS SPACE	
City & State Bethesda, MD		City & State	City & State Bethesda, MD		4. FEI Number 52-1722490 Applied Not App		
Zip 20814	Country	Zip 20814		untry		5. Certificate of Status Desired X \$8.75 Additional Fee Required	
——————————————————————————————————————	6. Name and Address of Cui	rent Registered Agent		Name		7. Name and Address of New Registered Agent	$\dashv$
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street A	Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301-2525				City	FL Zip Code		
O. The above						ed agent, or both, in the State of Florida.	$\dashv$
SIGNATURE .	Signature, typed or printed name of registered	- ''			ure required	when reinstating) DATE	.
9. Capital Contributions as Shown on record. \$2.00 in FLORIDA to date.				ntributions  11. MAKE CHECK PAYABLE TO DEPT. OF STATE  SEE REVERSE SIDE FOR FEE INFORMATION			
		ER THAT IS A BUSIN	NESS ENTITY			ERED AND ACTIVE WITH THIS OFFICE.	
12.~^+		TNER INFORMATION	ged on the for		ndmen	t must be filed to change a general partner.  ADDRESS CHANGES ONLY	
NAME STREET ADDRESS	PAUG POWER CORPORATION			REET ADDRESS			
DOCUMENT #				REET ADDRESS		Cogentrix Energy, Inc. Arrowpoint Boulevard	
STREET ADDRESS CITY-ST-ZIP DOCUMENT #				ry-ST-ZIP	Char	lotte, NC 28273-8110	
NAME STREET ADDRESS				REET ADDRESS	÷		
DOCUMENT #			ST	REET ADDRESS		3000037092035 -02/19/0101033001	F
TREET ADDRESS CITY-ST-ZIP	•	-	CIT	TY-ST-ZIP		****150,00 ****150.00	
IOCUMENT # IAME STREET ADDRESS	•	_	STI	REET ADDRESS	•		
CITY ST-ZIP				Y-ST-ZIP	······································		-
IAME Treet address ITY-ST-ZIP			1	REET ADDRESS Y-ST-ZIP			
14. I hereby of indicated the received INDIA	pertify that the information supplied on this report is true and accurate err or trustee empowered to execu ANTOWN PROJECT INVI	and that my signature s te this report as required STMENT PARTN	hall have the san I by Chapter 620,	ne legal effe , Florida Stat , . P .	ct as if ma utes	ction 119.07(3)(i), Florida Statutes. I further certify that the informati ade under oath; that I am a General Partner of the limited partnersh	on Jip or

David N. Bassett, Vice President, Controller & Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER