

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90115 021 \*\*\*158.75

**DOCUMENT # F93000003753**

1. Entity Name  
**FORCENERGY INC.**

Principal Place of Business 2730 S.W. THIRD AVENUE, SUITE 800 MIAMI FL 33129		Mailing Address 2730 S.W. THIRD AVENUE, SUITE 800 MIAMI FL 33129-2339	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0429338** | Applied For Not Applicable

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

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b>   Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WENNERSTROM, STIG			NAME			
STREET ADDRESS	2730 S.W. THIRD AVENUE, SUITE 800			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33129			CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GETTEN, THOMAS F			NAME			
STREET ADDRESS	2730 S.W. 3RD AVENUE., SUITE 800			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33129			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRADY, E. JOSEPH			NAME			
STREET ADDRESS	2730 S.W. THIRD AVENUE, SUITE 800			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33129			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PORTER, JAMES RUSSEL			NAME			
STREET ADDRESS	2730 S.W. THIRD AVENUE, SUITE 800			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33129			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WENNERSTROM, STIG			NAME			
STREET ADDRESS	2730 S.W. THIRD AVENUE, SUITE 800			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33129			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FORSS, ERIC			NAME			
STREET ADDRESS	2730 S.W. THIRD AVENUE, SUITE 800			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33129			CITY-ST-ZIP			

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: E. JOSEPH GRADY 1/26/2000 (305) 856-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #