

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

95 JAN 26 PM 1:37

DOCUMENT # **F94000003818 (1)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
INDIANTOWN COGENERATION FUNDING CORPORATION

000001392930

-01/30/95--01056--013

****208.75 ****208.75

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
7500 OLD GEORGETOWN RD., 13TH FLOOR
BETHESDA MD 20814 7500 OLD GEORGETOWN RD., 13TH FLOOR
BETHESDA MD 20814

3. Date Incorporated or Qualified 07/21/1994
3a. Date of Last Report

4. FEI Number **ADDED FOR 52-1889595**
Applied For Net 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE	PD
NAME	KEARNEY, JOSEPH P
STREET ADDRESS	7500 OLD GEORGETOWN RD., 13TH FLOOR
CITY- ST- ZIP	BETHESDA MD 20814
TITLE	SD
NAME	IRIBE, P C
STREET ADDRESS	7500 OLD GEORGETOWN RD., 13TH FLOOR
CITY- ST- ZIP	BETHESDA MD 20814
TITLE	VD
NAME	SEPPA, GERALD W
STREET ADDRESS	7500 OLD GEORGETOWN RD., 13TH FLOOR
CITY- ST- ZIP	BETHESDA MD 20814
TITLE	V
NAME	COOPER, JOHN R
STREET ADDRESS	7500 OLD GEORGETOWN RD., 13TH FLOOR
CITY- ST- ZIP	BETHESDA MD 20814
TITLE	VT
NAME	SHARPE, STEPHEN A
STREET ADDRESS	7500 OLD GEORGETOWN RD., 13TH FLOOR
CITY- ST- ZIP	BETHESDA MD 20814
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	1600 SUMMER ST. - 6th FLOOR
3.4 CITY- ST- ZIP	STAMFORD CT 06927
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

Just
1/26/95

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

STEPHEN A. SHARPE

9/25/95

(301) 718-6858