

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

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90062 041 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

**DOCUMENT # F94000003818**

1. Corporation Name  
**INDIANTOWN COGENERATION FUNDING CORPORATION**



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/21/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		52-1889595	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEARNEY, JOSEPH P			1.2 NAME	P. Chrisman Iribe		
STREET ADDRESS	7500 OLD GEORGETOWN RD., 13TH FLOOR			1.3 STREET ADDRESS	7500 Old Georgetown Rd		
CITY-ST-ZIP	BETHESDA MD 20814			1.4 CITY-ST-ZIP	Bethesda, MD 20814		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	IRIBE, P C			2.2 NAME	Alan W. Slegian		
STREET ADDRESS	7500 OLD GEORGETOWN RD., 13TH FLOOR			2.3 STREET ADDRESS	7500 Old Georgetown Rd		
CITY-ST-ZIP	BETHESDA MD 20814			2.4 CITY-ST-ZIP	Bethesda, MD 20814		
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEPPA, GERALD W			3.2 NAME			
STREET ADDRESS	1600 SUMMER ST. 6TH FLOOR			3.3 STREET ADDRESS			
CITY-ST-ZIP	STAMFORD CT 06927			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOPER, JOHN R			4.2 NAME			
STREET ADDRESS	7500 OLD GEORGETOWN RD., 13TH FLOOR			4.3 STREET ADDRESS			
CITY-ST-ZIP	BETHESDA MD 20814			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: DAVID N. BASSETT TREASURER Date: 3/31/99 Daytime Phone # \_\_\_\_\_

CR2E034 (11/98)