

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90087 005 ***158.75

DOCUMENT # F94000003818

1. Entity Name
INDIANTOWN COGENERATION FUNDING CORPORATION

Principal Place of Business 7500 OLD GEORGETOWN RD., 13TH FLOOR BETHESDA MD 20814	Mailing Address 7500 OLD GEORGETOWN RD., 13TH FLOOR BETHESDA MD 20814-6133
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 52-1889595		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$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	IRIBE, P. CHRISMAN		NAME		
STREET ADDRESS	7500 OLD GEORGETOWN ROAD		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20814		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLEPIAN, ALAN E		NAME		
STREET ADDRESS	7500 OLD GEORGETOWN RD., 13TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20814		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEPPA, GERALD W		NAME	THOMAS F. SCHWARTZ	
STREET ADDRESS	1600 SUMMER ST. 6TH FLOOR		STREET ADDRESS	9405 ARROWPOINT BLVD	
CITY-ST-ZIP	STAMFORD CT 06927		CITY-ST-ZIP	CHARLOTTE, N.C. 28273	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, JOHN R		NAME		
STREET ADDRESS	7500 OLD GEORGETOWN RD., 13TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20814		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BASSETT, DAVID N.	
STREET ADDRESS			STREET ADDRESS	7500 OLD GEORGETOWN ROAD	
CITY-ST-ZIP			CITY-ST-ZIP	BETHESDA, MD 20814	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [Signature] [Signature] [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)