

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90168 010 ***150.00

14003491



04222005 Chg-P CR2E034 (10/03)

DOCUMENT # F94000003818					
1. Entity Name INDIANTOWN COGENERATION FUNDING CORPORATION					
Principal Place of Business 7600 WISCONSIN AVE. BETHESDA, MD 20814		Mailing Address 7600 WISCONSIN AVE. BETHESDA, MD 20814			
2. Principal Place of Business 9405 Arrowpoint Boulevard Suite, Apt. #, etc.		3. Mailing Address 9405 Arrowpoint Boulevard Suite, Apt. #, etc.			
City & State Charlotte, NC		City & State Charlotte, NC		4. FEI Number 52-1889595	
Zip 28273-8110		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IRIBE, P. CHRISMAN 7600 WISCONSIN AVE. HARLEM, GA 308143657	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Thomas J. Bonner 9405 Arrowpoint Blvd. Charlotte, NC 28273-8110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARTMAN, SANFORD L 7600 WISCONSIN AVE. BETHESDA, MD 208143657	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D John W. O'Connor 9405 Arrowpoint Blvd. Charlotte, NC 28273-8110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEGRO, THOMAS E 7600 WISCONSIN AVE. BETHESDA, MD 208143657	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D Elizabeth L. Rippetoe 9405 Arrowpoint Blvd. Charlotte, NC 28273	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHWARTZ, THOMAS F 9405 ARROWPOINT BLVD CHARLOTTE, NC 28273	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Susan L. Healy 85 Broad Street, 4th Fl. New York, NY 10004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC MELTZER, MORRIS L 7600 WISCONSIN AVE. BETHESDA, MD 208143657	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Sarah V. Shadburne 9405 Arrowpoint Blvd. Charlotte, NC 28273-8110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MEY, J. T 7600 WISCONSIN AVE. BETHESDA, MD 208143657	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Phyllis K. Green 9405 Arrowpoint Blvd. Charlotte, NC 28273-8110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Phyllis K. Green</u> <u>Phyllis K. Green</u> <u>4/26/2005</u> <u>704-525-3800</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

14603491

04/22/2005

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Corporate Datasheet

Indiantown Cogeneration Funding Corporation

<u>Director</u>	<u>Title</u>	<u>Start Date</u>	<u>Last Elected</u>	<u>End Date</u>
Thomas J. Bonner	Director			
Susan L. Healy	Director	01/31/2005	01/31/2005	
John W. O'Connor	Director	01/31/2005	01/31/2005	
Elizabeth L. Rippetoe	Director	01/31/2005	01/31/2005	

<u>Officer</u>	<u>Title</u>	<u>Start Date</u>	<u>Last Elected</u>	<u>End Date</u>
Thomas J. Bonner	President	01/31/2005	01/31/2005	
Michael L. Everett	Assistant Treasurer	01/31/2005	01/31/2005	
Phyllis K. Green	Assistant Secretary	01/31/2005	01/31/2005	
Kimberly H. Harris	Assistant Controller	01/31/2005	01/31/2005	
John W. O'Connor	Controller, Chief Accounting Officer, Vice President & Treasurer	01/31/2005	01/31/2005	
Elizabeth L. Rippetoe	Vice President & Secretary	01/31/2005	01/31/2005	
Sarah V. Shadburne	Vice President - Tax	01/31/2005	01/31/2005	