

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90019 027 ***150.00

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01052006 Chg-P CR2E034 (11/05)

DOCUMENT # F94000003818					
1. Entity Name INDIANTOWN COGENERATION FUNDING CORPORATION					
Principal Place of Business 9405 ARROWPOINT BLVD CHARLOTTE, NC 28273-8110			Mailing Address 9405 ARROWPOINT BLVD CHARLOTTE, NC 28273-8110		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-1889595	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324			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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BONNER, THOMAS J		NAME		
STREET ADDRESS	9405 ARROWPOINT BLVD		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 282738110		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'CONNOR, JOHN W		NAME		
STREET ADDRESS	9405 ARROWPOINT BLVD		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 282738110		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIPPETOE, ELIZABETH L		NAME		
STREET ADDRESS	9405 ARROWPOINT BLVD		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 282738110		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEALY, SUSAN L		NAME		
STREET ADDRESS	85 BROAD STREET, 4TH FLR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10004		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHADBURNE, SARAH V		NAME	V	
STREET ADDRESS	9405 ARROWPOINT BLVD		STREET ADDRESS	HASHE, WILLIAM E.	
CITY-ST-ZIP	CHARLOTTE, NC 282738110		CITY-ST-ZIP	9405 ARROWPOINT BLVD.	
				CHARLOTTE, NC 28273-8110	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREEN, PHYLLIS K		NAME		
STREET ADDRESS	9405 ARROWPOINT BLVD		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 282738110		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Anne M. Reece</u>		Anne M. Reece, Assistant Secretary		3-31-2006 704-525-3800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

03/21/2006

ATTACHMENT
40045698

Indiantown Cogeneration Funding Corporation

Florida Doc. # F94000003818

Principal Office:
9405 Arrowpoint Blvd.
Charlotte, NC 28273-8110

<u>Officer</u>	<u>Title</u>
Thomas J. Bonner	P/D
Mark A. Casper	V
Michael L. Everett	AT
Phyllis K. Green	AS
Kimberly H. Harris	AC
William E. Hashe	V
Susan L. Healy	D
John W. O'Connor	V/I/T/D
Anne M. Reece	AS
Elizabeth L. Rippetoe	V/S/D
Andre P. Rose	AS
S. M. Rudolph	C/CAO