

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003818

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** INDIANTOWN COGENERATION FUNDING CORPORATION

**Current Principal Place of Business:**

C/O POWER PLANT MANAGEMENT SERVICES, LLC  
10710 SIKES PLACE, SUITE 300  
CHARLOTTE, NC 28277

**New Principal Place of Business:**

**Current Mailing Address:**

C/O POWER PLANT MANAGEMENT SERVICES, LLC  
10710 SIKES PLACE, SUITE 300  
CHARLOTTE, NC 28277

**New Mailing Address:**

**FEI Number:** 52-1889595      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: MACGILLIVRAY, WARREN  
Address: TCRP, 63 KENDRICK STREET  
City-St-Zip: NEEDHAM, MA 02494 US

Title: D  
Name: FRANSON, ROBERT  
Address: TCRP, 63 KENDRICK STREET  
City-St-Zip: NEEDHAM, MA 02494 US

Title: DVP  
Name: ANDREW, PIKE  
Address: TCRP, 63 KENDRICK STREET  
City-St-Zip: NEEDHAM, MA 02494 US

Title: SEC  
Name: REESE, CAM  
Address: TCRP, 63 KENDRICK STREET  
City-St-Zip: NEEDHAM, MA 02494 US

Title: VP  
Name: LEMKE, CARL  
Address: TCRP, 63 KENDRICK STREET  
City-St-Zip: NEEDHAM, MA 02494 US

Title: AS  
Name: CARR, CAROL  
Address: TCRP, 63 KENDRICK STREET  
City-St-Zip: NEEDHAM, MA 02494 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROL CARR

AS

03/20/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date