

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 25, 2000 8:00 am**  
**Secretary of State**

08-25-2000 90002 018 \*\*\*150.00

**DOCUMENT # F96000004478**

1. Entity Name  
**TARPON POWER, INC.**

Principal Place of Business  
**450 LEXINGTON AVENUE 37TH FLOOR  
 NEW YORK NY 10017**

Mailing Address  
**450 LEXINGTON AVENUE 37TH FLOOR  
 NEW YORK NY 10017**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**335 Madison Avenue**  
 Suite, Apt. #, etc.  
**28th Floor**

3. Mailing Address  
**335 Madison Avenue**  
 Suite, Apt. #, etc.  
**28th Floor**

City & State  
**New York, NY**

City & State  
**New York, NY**

4. FEI Number **13-3905722**

Applied For  
 Not Applicable

Zip **10017** Country **USA**

Zip **10017** Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**UNITED-CORPORATE-SERVICES, INC.  
 9200 SOUTH DADELAND BLVD.  
 SUITE 508  
 MIAMI FL 33156-0000**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PCD	<input type="checkbox"/> Delete
NAME	KRIEGL, WILLIAM	
STREET ADDRESS	450 LEXINGTON AVE., 37TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WROBEL, BRUCE J	
STREET ADDRESS	450 LEXINGTON AVE., 37TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> Delete
NAME	MANILLA, SANDRA J	
STREET ADDRESS	450 LEXINGTON AVE., 37TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROSENBERG, MARTIN B	
STREET ADDRESS	450 LEXINGTON AVE., 37TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, ANNE P	
STREET ADDRESS	450 LEXINGTON AVE., 37TH FL	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Kriegel	
STREET ADDRESS	335 Madison Avenue, 28th Floor	
CITY-ST-ZIP	New York, NY 10017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandra J. Manilla	
STREET ADDRESS	335 Madison Avenue, 28th Floor	
CITY-ST-ZIP	New York, NY 10017	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin Rosenberg	
STREET ADDRESS	335 Madison Avenue, 28th Floor	
CITY-ST-ZIP	New York, NY 10017	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Sandra J. Manilla  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra J. Manilla Date 7/25/00 Daytime Phone # 212-351-0000

CR2E034 (5/00)

**Sithe**

Attachment

DAU81183

335 Madison Avenue New York, New York 10017

Tel : 212 . 351 . 0351

Fax : 212 . 351 . 0800

Off # 796 000000 4478

**MEMORANDUM**

To: State of Florida Division of Corporations

From: Stephen Calhoon

Subject: Tarpon Power Inc.

Date: 7/27/00

To Whom It May Concern:

The first Uniform Business Report notice for Tarpon Power Inc. was never received in this office. Therefore, as per my conversation this morning with Mike, we are forwarding payment for the original statement in the amount of \$150.00. If there are any questions or concerns please do not hesitate to contact me.

Very Truly Yours



Stephen Calhoon

**Sithe**

(212) 351-0351

scalhoon@sithe.com