

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90381 028 ***150.00

DOCUMENT # F97000001809
 1. Entity Name
PSEG GLOBAL USA INC.

Principal Place of Business	Mailing Address
1200 E. RIDGEWOOD AVE., 3RD FL., W. WING RIDGEWOOD NJ 07450	1200 E. RIDGEWOOD AVE., 3RD FL., W. WING RIDGEWOOD NJ 07450-3937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
35 WATERVIEW BLVD. Suite, Apt. #, etc. 4TH FLOOR City & State PARSIPPANY, NJ	35 WATERVIEW BLVD. Suite, Apt. #, etc. 4TH FLOOR City & State PARSIPPANY, NJ
Zip 07054	Country USA

4. FEI Number	22-2982989	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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.

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).

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. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMSON, MICHAEL J 1200 E. RIDGEWOOD AVE., 3RD FL., W. WING RIDGEWOOD NJ 07450 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIDY, FRANK 1200 E. RIDGEWOOD AVE., 3RD FL., W. WING RIDGEWOOD NJ 07450 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOEPE, ALFERD C 1200 E. RIDGEWOOD AVE., 3RD FL., W. WING RIDGEWOOD NJ, 07450 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGHERTY, ROBERT J JR. 1200 E. RIDGEWOOD AVE., 3RD FL., W. WING RIDGEWOOD NJ 07450 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERLAND, E. JAMES 1200 E. RIDGEWOOD AVE., 3RD FL., W. WING RIDGEWOOD NJ 07450 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SITAR, PATRICIA 1200 E. RIDGEWOOD AVE., 3RD FL., W. WING RIDGEWOOD NJ 07450 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MICHAEL J. THOMSON 35 WATERVIEW BLVD. PARSIPPANY, NJ 07054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT C. MURRAY 80 PARK PLAZA NEWARK, NJ 07102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT J. DOUGHERTY JR. 80 PARK PLAZA NEWARK, NJ 07102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE VP and COO THOMAS R. SMITH 200 ALHAMBRA CIRCLE, STE. 800 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VP ASST. SECY ANDREA BONIME-BLANC 35 WATERVIEW BLVD. PARSIPPANY, NJ 07054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATRICIA A. SITAR 35 WATERVIEW BLVD. PARSIPPANY, NJ 07054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Andrea Bonime-Blanc Date: 4/28/00 Daytime Phone #: 973-541-6000

CR2E034 (9/99)