

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90162 028 \*\*\*558.75

**DOCUMENT # F99000004524**

1. Entity Name  
**MERCHANT ENERGY GROUP OF THE AMERICAS, INC.** ✓

Principal Place of Business 151 WEST STREET, SUITE 300 ANNAPOLIS MD 21401	Mailing Address 151 WEST STREET, SUITE 300 ANNAPOLIS MD 21401-2853
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:	3. Mailing Address:	4. FEI Number <b>52-2066866</b>	Applied For <input type="checkbox"/>
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Not Applicable <input type="checkbox"/>
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>		
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	City	<b>FL</b>	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 \$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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCFO</b> <b>PITTS, J. DOUGLAS</b> <b>151 WEST STREET, SUITE 300</b> <b>ANNAPOLIS MD 21401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ECKERT, STEVEN E</b> <b>151 WEST STREET, SUITE 300</b> <b>ANNAPOLIS MD 21401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO</b> <b>WOOTEN, MARVIN R JR.</b> <b>151 WEST STREET, SUITE 300</b> <b>ANNAPOLIS MD 21401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RYAN, JULIA M</b> <b>151 WEST STREET, SUITE 300</b> <b>ANNAPOLIS MD 21401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>LIMONE, JOSEPH P</b> <b>151 WEST STREET, SUITE 300</b> <b>ANNAPOLIS MD 21401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:** *Joseph P. Limone* **SIGNATURE REQUIRED** **Joseph P. Limone**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **6/30/2000** Daytime Phone #: **410-295-1742**

CR2E034 (9/99)