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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P33621** **(4)**

1. Corporation Name
CEDAR BAY COGENERATION, INC.

Principal Place of Business	Mailing Address
444 MARKET STREET **SUITE 1900** **SAN FRANCISCO CA 94111**	**444 MARKET STREET** **SUITE 1900** **SAN FRANCISCO CA 94111-5330**

3. Date Incorporated or Qualified: **04/18/1991**
3a. Date of Last Report: **04/23/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **54-1457560** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Asst. Secretary	☐ Change ☒ Addition
NAME	DISTEFANO, TONY F.		1.2 NAME	Tracy C. Allen	
STREET ADDRESS	444 MARKET STREET, SUITE 1900		1.3 STREET ADDRESS	444 Market Street, Suite 1900	
CITY-ST-ZIP	SAN FRANCISCO CA		1.4 CITY-ST-ZIP	San Francisco, CA 94111	
TITLE	VPTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOOTH, STUART W		2.2 NAME		
STREET ADDRESS	444 MARKET STREET SUITE 1900		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	IRIBE, CHRISMAN		3.2 NAME		
STREET ADDRESS	444 MARKET STREET SUITE 1900		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRACISCO CA		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JONES, RICHARD C		4.2 NAME		
STREET ADDRESS	444 MARKET STREET SUITE 1900		4.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ENDLER, GERALD S.		5.2 NAME		
STREET ADDRESS	4444 MARKET STREET SUITE 1900		5.3 STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO CA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Tracy C. Allen 3/26/97 (415) 291-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0602405