

2002 UNIFORM BUSINESS REPORT (UBR)

0578963 AT

DOCUMENT # P33621

1. Entity Name
CEDAR BAY COGENERATION, INC.

FILED

02 MAY 17 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7500 OLD GEORGETOWN RD
13TH FL
BETHESDA MD 20814
US

Mailing Address
7500 OLD GEORGETOWN RD
13TH FL
BETHESDA MD 20814
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 54-1457560

Applied For

Not Applicable

Zip

Country

Zip

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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	V COOPER, JOHN 7500 OLD GEORGETOWN RD BETHESDA MD 20814	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IRIBE, P CHRISMAN 7500 OLD GEORGETOWN RD BETHESDA MD 20814	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MEIER, PETER E 7500 OLD GEORGETOWN RD BETHESDA MD 20814	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BASSETT, DAVID N 7500 OLD GEORGETOWN RD BETHESDA MD 20814	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANDFORD, L. Hartman 7500 OLD GEORGETOWN RD BETHESDA, MD 20814	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS J. TRACY MEY 7500 OLD GEORGETOWN RD BETHESDA, MD 20814	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600005290886--4 -04/17/02--01087--001 ***3171.25 ***158.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	158.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. TRACY MEY, ASST. TREASURER 3/21/02

301-280-6800

Date

Daytime Phone #

CP2E034 (9/01)