

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 08:00 AM
Secretary of State

DOCUMENT # P97000097443

1. Entity Name
ESI NEW JERSEY ENERGY GP, INC.

| | |
|---|---|
| Principal Place of Business 700 UNIVERSE BOULEVARD JUNO BEACH FL 33408 US | Mailing Address ATTN: RITA W. COSTANTINO 700 UNIVERSE BOULEVARD JUNO BEACH FL 33408 US |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State | 3. Mailing Address Suite, Apt. #, etc. City & State |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | | |
|------------------------------------|---|--|
| 4. FEI Number 65-0805458 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
|------------------------------------|---|--|

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

6. Name and Address of Current Registered Agent

LEON J E
 9250 WEST FLAGLER STREET

 MIAMI FL 33174 US

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 _____ DATE **04/20/2001**
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, 2001 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 AS <input type="checkbox"/> Delete | NAME PONDER STEPHEN H |
| STREET ADDRESS 700 UNIVERSE BLVD | CITY-ST-ZIP JUNO BEACH FL 33408 |
| TITLE AS <input type="checkbox"/> Delete | NAME HATHAWAY SCOT C |
| STREET ADDRESS 700 UNIVERSE BLVD | CITY-ST-ZIP JUNO BEACH FL 33408 |
| TITLE AS <input type="checkbox"/> Delete | NAME COSTANTINO RITA W |
| STREET ADDRESS 700 UNIVERSE BLVD | CITY-ST-ZIP JUNO BEACH FL 33408 |
| TITLE DT <input type="checkbox"/> Delete | NAME SAMIL DILEK L |
| STREET ADDRESS 700 UNIVERSE BLVD | CITY-ST-ZIP JUNO BEACH FL 33408 |
| TITLE DV <input type="checkbox"/> Delete | NAME SMITH GLENN E |
| STREET ADDRESS 700 UNIVERSE BLVD | CITY-ST-ZIP JUNO BEACH FL 33408 |
| TITLE DP <input type="checkbox"/> Delete | NAME YACKIRA MICHAEL W |
| STREET ADDRESS 700 UNIVERSE BLVD | CITY-ST-ZIP JUNO BEACH FL 33408 |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|
| TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME TANCER EDWARD F |
| STREET ADDRESS 700 UNIVERSE BLVD | CITY-ST-ZIP JUNO BEACH FL 33408 |
| TITLE V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME LEIGHTON MICHAEL L |
| STREET ADDRESS 700 UNIVERSE BLVD | CITY-ST-ZIP JUNO BEACH FL 33408 |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| TITLE DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME MCGRATH ROBERT L |
| STREET ADDRESS 700 UNIVERSE BLVD | CITY-ST-ZIP JUNO BEACH FL 33408 |
| TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |
| STREET ADDRESS | CITY-ST-ZIP |
| TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME HAY III LEWIS |
| STREET ADDRESS 700 UNIVERSE BLVD | CITY-ST-ZIP JUNO BEACH FL 33408 |

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: RITA W. COSTANTINO AS Date 04/20/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)