2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F9400003818

Entity Name: INDIANTOWN COGENERATION FUNDING CORPORATION

FILED
Jan 28, 2013
Secretary of State
CC6151534616

Current Principal Place of Business:

C/O POWER PLANT MANAGEMENT SERVICES, LLC 10710 SIKES PLACE, SUITE 300 CHARLOTTE, NC 28277

Current Mailing Address:

C/O POWER PLANT MANAGEMENT SERVICES, LLC 10710 SIKES PLACE, SUITE 300 CHARLOTTE, NC 28277

FEI Number: 52-1889595 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title D/P Title D

Name MACGILLIVRAY, WARREN Name FRANSON, ROBERT

Address TCRP, 63 KENDRICK STREET Address TCRP, 63 KENDRICK STREET

City-State-Zip: NEEDHAM MA 02494 City-State-Zip: NEEDHAM MA 02494

Title D/VP Title SEC

Name ANDREW, PIKE Name REESE, CAM

Address TCRP, 63 KENDRICK STREET Address TCRP, 63 KENDRICK STREET

City-State-Zip: NEEDHAM MA 02494 City-State-Zip: NEEDHAM MA 02494

Title VP Title AS

Name LEMKE, CARL Name CARR, CAROL

Address TCRP, 63 KENDRICK STREET Address TCRP, 63 KENDRICK STREET

City-State-Zip: NEEDHAM MA 02494 City-State-Zip: NEEDHAM MA 02494

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail