## **2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P33621

Entity Name: CEDAR BAY COGENERATION, INC.

**Current Principal Place of Business:** 

9405 ARROWPOINT BLVD. CHARLOTTE. NC 28273

**Current Mailing Address:** 

9405 ARROWPOINT BLVD. CHARLOTTE, NC 28273 US

FEI Number: 94-3391631 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

FILED Mar 27, 2013

**Secretary of State** 

CC5262537067

Officer/Director Detail:

Title DP Title DVPS

Name BONNER, THOMAS J Name MILLER, DOUGLAS L
Address 9405 ARROWPOINT BLVD. Address 9405 ARROWPOINT BLVD.

City-State-Zip: CHARLOTTE NC 28273 City-State-Zip: CHARLOTTE NC 28273

Title CAO Title VP

Name RUDOLPH, S M Name HASHE, WILLIAM E

Address 9405 ARROWPOINT BLVD Address 9405 ARROWPOINT BLVD

City-State-Zip: CHARLOTTE NC 28273-8110 City-State-Zip: CHARLOTTE NC 28273-8110

Title AS Title AS

Name POLLACK, JACOB A Name GREEN, PHYLLIS K

Address 9405 ARROWPOINT BLVD. Address 9405 ARROWPOINT BLVD.

City-State-Zip: CHARLOTTE NC 28273 City-State-Zip: CHARLOTTE NC 28273

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.