FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 818187

(7)

NRG U.S.A., INC.

Principal Place of Business Mailing Address

599 WEST PUTNAM AVE P.O. BOX 2656 GREENWICH CT 06836-9656 599 WEST PUTNAM AVE P.O. BOX 2656 GREENWICH CT 06836-9656 **FILED**

Feb 04 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

									3. Date Incorporated or Qualifie	đ			
									09/24/1964				
2. Principal F	face of Busin	— —	2a. Mailing Address					4. FEI Number	<u> </u>		olied For		
21				26					13-1709165			\rightarrow	Applicable
Suite, Apt #, etc.				Suite, Apt #, etc.					5. Certificate of Status Desired				dditional
City & State				27							Fe	e Re	quired
				City & State					6. Election Campaign Financing \$5.00 May Be				
23		<u> </u>	28	1 1			Country		Trust Fund Contribution	Ц			Fees
Zip 24		Country 25	29	· —			4	8. This corporation owes or has paid the current year Intangi					
24	and Amount	30				Personal Property Tax due June 30. X Yes No							
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent 81 Name						
THE PRENTICE-HALL CORPORATION SYSTEM INC.							ivame						
1201 HAYS STREET						82 Street Address (P.O. Box Number is Not Acceptable)							
SUITE 105						83							
Į TA	LLAHASSE	E FL 32301											
						84	City				85	Zip C	ode
										FL	_	•	i
11. Pursuant office or r	to the provis	ions of Sections 607.05	502 and 607.	1508, Florida Statut	tes, th	e abov	e-nameo	corpo	ration submits this statement for the	purpose o	f chang	ing its	registered
agent. I a	m tamiliar wi	th, and accept the obt	gations of, S	ection 607.0505, Fig	lorida	Statute	5.	μυιακυ	ration submits this statement for the n's board of directors. I hereby acc	retyr me abb	Johnster	n as r	egistered
SIGNATURE													į
Signature, typed or printed name of registered agent and title if applicable (NOTE: Register								required	when reinstating)	DATE			
12,		CFFICERS A	ND DIRECTO		_	13.		···········/	ADDITIONS/CHANGES TO OF	FICERS AND			
TITLE	S	WTIL PATINGEN		☐ DELETE		I.T TITLE		VP	IN DIDONENICO		L Cha	nge	Addition
NAME		MITH, KATHLEEN			1	1.2 NAME		301	N DI DOMENICO				İ
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·								W. PUTWAM AVE				
CITY-ST-ZIP		NICH CT			1	1.4 CITY - S	IT-ZIP	GR	EENWICH, CT 0683	0	_		
TITLE	P			≥ DELETE	2	2.1 TITLE			ST. SEC		L Cha	nge	Addition
NAME		ITNAM, C.			2	2.2 NAME		34	HH SCHIERMAN				
STREET ADDRESS	599 WE		2.3 STREET ADDRE			577	W. PUTNAY AUE						
CITY - ST - ZIP		WICH CT		2	. 4 CITY - 8	ST-ZIP	SPE W. PUTNAM AUE GREENWICH, CT 06836						
TITLE	AS			DELETE	3	1.1 TITLE		PRE	ESIDENT		Cha	nge	■ Addition
NAME	NIELSE	•			3	2 NAME		'	 -				
STREET ADDRESS		ST PUTNAM AVE			3	3 STREET	ADDRESS						j
CITY-ST-ZIP	GREENV	WICH CT				.4. CITY - S	ST-ZIP						
TITLE				☐ DELETE	4.	,1 TITLE					Char	nge	Addition
NAME					4.	. 2 NAME							
STREET ADDRESS					4.	.3 STREET	ADDRESS						1
CITY - ST - ZIP						.4 CITY - S							
TITLE				DELETE		.1 TITLE					Char	ige	Addition
NAME					5.	2 NAME						-	_
STREET ADDRESS							ADDRESS						ŀ
CITY-ST-ZIP						.4 CITY-S							
TITLE				DELETE		.4 CITT-5 .1 TITLE	1 - 211-				Char	опе	Addition
NAME					9	2 NAME	ì	!				.an	
STREET ADDRESS						.2 MANUE .3 STREET	ADDDEED						
STREET AUDRESS						o o intti	ハレいれたろう						

4. 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 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: QUALTE SCHIERMAN SEATERNAN

1/8/98

(203)863-5572