


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

FILED

Feb 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 818187 (7) 1. Corporation Name NRG U.S.A., INC.					
Principal Place of Business 599 WEST PUTNAM AVE P.O. BOX 2656 GREENWICH CT 06836-9656			Mailing Address 599 WEST PUTNAM AVE P.O. BOX 2656 GREENWICH CT 06836-9656		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/24/1964	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 13-1709165	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	S	<input type="checkbox"/> DELETE			
NAME	GOLDSMITH, KATHLEEN				
STREET ADDRESS	599 WEST PUTNAM AVE				
CITY - ST - ZIP	GREENWICH CT				
TITLE	P	<input checked="" type="checkbox"/> DELETE			
NAME	RAJARATNAM, C.				
STREET ADDRESS	599 WEST PUTNAM AVE				
CITY - ST - ZIP	GREENWICH CT				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	NIELSEN, ALAN				
STREET ADDRESS	599 WEST PUTNAM AVE				
CITY - ST - ZIP	GREENWICH CT				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	JOHN DI DOMENICO				
1.3 STREET ADDRESS	599 W. PUTNAM AVE				
1.4 CITY - ST - ZIP	GREENWICH, CT 06836				
2.1 TITLE	ASST. SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	JUDITH SCHIERMAN				
2.3 STREET ADDRESS	599 W. PUTNAM AVE				
2.4 CITY - ST - ZIP	GREENWICH, CT 06836				
3.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

*Orville Schierman* PRESIDENT

1/8/98

(203) 863-5572

CP2E034 (10/97)