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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 853973

1. Corporation Name

ELECTRICAL GENERATING SYSTEMS ASSOCIATION, INC.

Principal Place of Business

1650 S. DIXIE HWY.
5TH FLOOR
BOCA RATON FL 33432
US

Mailing Address

1650 S. DIXIE HWY.
5TH FLOOR
BOCA RATON FL 33432
US

700866 - 90070 - 29



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/03/1982
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2270591
City & State	City & State	5. Certificate of Status Desired
23	28	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing
24	29	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country	
25	30	

9. Name and Address of Current Registered Agent

KELLOUGH, DAVID
1650 S DIXIE HWY
5TH FLOOR
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	PD
NAME	BECKER, DONALD	1.2 NAME	
STREET ADDRESS	444 HIGHLAND DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KOHLER WI	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	SEFTICK, RONALD	2.2 NAME	
STREET ADDRESS	830 W. 40TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	M	3.1 TITLE	
NAME	KELLOUGH, DAVID	3.2 NAME	
STREET ADDRESS	1650 S DIXIE HWY, 5TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	STD
NAME	ROGERS, JACK	4.2 NAME	CHARLIE GEARS
STREET ADDRESS	3131 S SHERIDAN	4.3 STREET ADDRESS	6501 ERDMAN AVE.
CITY-ST-ZIP	TULSA OK	4.4 CITY-ST-ZIP	BALTIMORE, MD 21205
TITLE	STD	5.1 TITLE	VPD
NAME	KIDWELL, GARY	5.2 NAME	
STREET ADDRESS	705 N CARLTON AVE	5.3 STREET ADDRESS	2291 W. MARCH LANE, STE A200
CITY-ST-ZIP	STOCKTON CA	5.4 CITY-ST-ZIP	
TITLE	STD	6.1 TITLE	VPD
NAME	DOLINAR, PAUL	6.2 NAME	
STREET ADDRESS	6250 W HOWARD ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	NILES IL	6.4 CITY-ST-ZIP	

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David A. Kellough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.99

Date

Daytime Phone #

CR2E037 (11/98)

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