

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90024 022 ****70.00

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1. Entity 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

40010600



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2270591

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLOUGH, JALANE
1650 S DIXIE HWY
FTH FLOOR
BOCA RARTON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE M
NAME KELLOUGH, JALANE
STREET ADDRESS 1650 S DIXIE HWY SUITE 500
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE PD
NAME RIDWELL, GARY Kidwell, Gary
STREET ADDRESS 1024 INDUSTRIAL WAY STE B
CITY-ST-ZIP LODI, CA 95240

TITLE VD
NAME BAUER, WARNER
STREET ADDRESS 25 E FRISCO ST-SUITE 201
CITY-ST-ZIP SAINT LOUIS, MO 63119

TITLE D
NAME HARTZEL, RON
STREET ADDRESS 170 INDUSTRY DR RIDC PARK W
CITY-ST-ZIP PITTSBURGH, PA 15275

TITLE PD
NAME LINTON, GREY G
STREET ADDRESS 186 NW 68TH AVE
CITY-ST-ZIP OCALA, FL 34482

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07

Date

561 750 5575

Daytime Phone #