

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002246

1. Entity Name

TRIGEN ENERGY SERVICES, INC.

Principal Place of Business

ONE WATER STREET
WHITE PLAINS NY 10601

Mailing Address

ONE WATER STREET
WHITE PLAINS NY 10601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 31-1517130

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME SMITH, STEVEN G
STREET ADDRESS ONE WATER STREET
CITY-ST-ZIP WHITE PLAINS NY 10601 ☐ Delete

TITLE V
NAME MARTINO, JOSEPH A
STREET ADDRESS 2600 CHRISTIAN STREET
CITY-ST-ZIP PHILADELPHIA PA 19146 ☐ Delete

TITLE S
NAME MURPHY, EUGENE E
STREET ADDRESS ONE WATER STREET
CITY-ST-ZIP WHITE PLAINS NY 10601 ☒ Delete

TITLE T
NAME WARD, STEPHEN T
STREET ADDRESS ONE WATER STREET
CITY-ST-ZIP WHITE PLAINS NY 10601 ☐ Delete

TITLE D
NAME MALAHIEUDE, JEAN M
STREET ADDRESS ONE WATER STREET
CITY-ST-ZIP WHITE PLAINS NY 10601 ☐ Delete

TITLE CD
NAME KESSEL, RICHARD E
STREET ADDRESS ONE WATER STREET
CITY-ST-ZIP WHITE PLAINS NY 10601 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME DENNIS HAINES
STREET ADDRESS ONE WATER STREET
CITY-ST-ZIP WHITE PLAINS, NY 10601 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

3/15/2001

Date

(914) 286-6600

Daytime Phone #

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90041 009 ***150.00

A0035792



DO NOT WRITE IN THIS SPACE

05/4/93

CR2E034 (10/00)