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| (Re | questor's Name) | |
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| (Ad | dress) | <u> </u> |
| (Ad | dress) | |
| (City | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Coples | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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WISH TO BE SHATION

WELL AND LESS FLORIDA

O3 FB -6 PA: 34
TALLAHASSEE, FLORED

ACCOUNT NO. : 07210000032

REFERENCE: 916960

7293205

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : February 3, 2003

ORDER TIME : 10:54 AM

ORDER NO. : 916960-030

CUSTOMER NO: 7293205

CUSTOMER: Jackie Bollinger

Reliant Resources Inc.

P.o. Box 1384

Houston, TX 77251-1384

CHANGE OF AGENT

NAME:

RELIANT ENERGY WHOLESALE

SERVICE COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| | the provisions of sections | | | |
|---|---|---|--|--|
| this statement | t of change is submitted fo | - | mized under the laws of t ce or registered agent, o | - |
| of Florida. | in Order to Chan | ige iis reg <u>iste</u> rea ojja | ce or regisiereu ugem, o | i voin, in the state |
| - | of the corporation: RELIA | NT ENERGY WHOLESAL | E SERVICE COMPANY | |
| | pal office address: 1111 Lc | · | | |
| | | | | <u>- </u> |
| 3. The mailin | g address (if different): p. | O. Box 1384, Houst | on, TX 77251-1384 | 1 S T T |
| 4. Date of inc | corporation/qualification: | January 28, 2002 | Document number: F0 | 0200000000450 |
| | and street address of the copartment of State: | urrent registered ager | nt and registered office or | |
| | CT Corporation Syste | em | | |
| | 1200 South Pine Isla | and Road | | <u> </u> |
| | Plantation, FL 33324 | 4 | | <u> </u> |
| 6. The name changed): | and street address of the | e new registered age | nt (if changed) and /or r | registered office (if |
| • , | Corporation Service | Company | | |
| | 1201 Hays Street | Box or personal mailbox NOT | acceptable) | |
| | Tallahassee, FL 3230 | 1 | | . |
| The street adagent, as char | dress of its registered offi nged will be identical. | ice and the street add | ress of the business offic | ce of its registered |
| Such change authorized by | was authorized by resolu y the board, or the corpora | ition duly adopted by ation has been notific | its board of directors or ed in writing of the chan | by an officer so ge. |
| Signature of an off | icer, chairman or vice chairman of the | Laura e board) | R. Dunlap, Attorney in (Printed or typed name and title | r Fact |
| I hereby acce I further agre performance registered ag office addres. | ept the appointment as reg ee to comply with the pro of my duties, and I am fa tent. Or, if this document s, I hereby confirm that th | gistered agent and a visions of all statutes miliar with and acce | gree to act in this capaci relative to the proper a cot the obligation of my r | ity. nd complete position as |
| Cynth | (Signature of Registered Agent) | · · · · · · · · · · · · · · · · · · · | 213103 | |
| C | = | Cynthia L. Harris | (Date) | |
| ri signing on oc | nan or an entity. | as its agent | | |
| | (Typed or Printed Name) | | (Capacity) | |

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *