

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90212 022 ***150.00

DOCUMENT # F02000005980							
1. Entity Name TRACTEBEL NORTH AMERICA SERVICES, INC.							
Principal Place of Business 1990 POST OAK BLVD SUITE 1900 HOUSTON, TX 77056			Mailing Address 1990 PAST OAK BLVD. SUITE 1900 HOUSTON, TX 77056				
2. Principal Place of Business		3. Mailing Address <i>1990 Post Oak Blvd.</i>					
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 1900</i>					
City & State		City & State <i>Houston, TX</i>					
Zip	Country	Zip <i>77056</i>	Country <i>USA</i>				
4. FEI Number 25-1559012				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$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
			State			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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD UTT, WILLIAM P 1990 PAST OAK BLVD., STE 1900 HOUSTON, TX 77056	<input checked="" type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS DUNNE, TIMOTHY R 1990 PAST OAK BLVD., STE 1900 HOUSTON, TX 77056	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV KILPATRICK, RACHEL W 1990 PAST OAK BLVD., STE 1900 HOUSTON, TX 77056	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRACE, KLAUDIA 1990 PAST OAK BLVD., STE 1900 HOUSTON, TX 77056	<input checked="" type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete					
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 607, 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: <i>Rachel W. Kilpatrick</i> - <i>RACHEL W. Kilpatrick</i> <i>4/18/06</i> <i>713-636-1134</i>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							