

2002 UNIFORM BUSINESS REPORT (UBR)

0578976 AT

DOCUMENT # F93000001368

1. Entity Name
PG&E OPERATING SERVICES HOLDINGS, INC.

FILED

02 APR -5 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7500 OLD GEORGETOWN RD
13TH FL
BETHESDA MD 20814
US

Mailing Address
7500 OLD GEORGETOWN RD
13TH FL
BETHESDA MD 20814
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 94-3096158
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name
Street Address (P.O. Box Number is Not Acceptable)
200005290998-7
-04/17/02-1107-0015
City ***3171.25 ***153.75 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's 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VT	<input type="checkbox"/> Delete
NAME	BASSETT, DAVID M	
STREET ADDRESS	7500 OLD GEORGETOWN RD	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	PD	<input type="checkbox"/> Delete
NAME	IRIBE, P CHRISMAN	
STREET ADDRESS	7500 OLD GEORGETOWN RD	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	COOPER, JOHN R	
STREET ADDRESS	7500 OLD GEORGETOWN ROAD	
CITY-ST-ZIP	BETHESDA MD	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MEIER, PETER E	
STREET ADDRESS	7500 OLD GEORGETOWN ROAD	
CITY-ST-ZIP	BETHESDA MD	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SADford, C. Hartman	
STREET ADDRESS	7500 Old Georgetown Rd	
CITY-ST-ZIP	Bethesda, MD 20814	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. TRACY MEY	
STREET ADDRESS	7500 OLD GEORGETOWN RD	
CITY-ST-ZIP	BETHESDA, MD 20814	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: J. TRACY MEY ASST TREASURER 3-15-02 201-280-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)