

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
2000



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90031 002 \*\*\*150.00

DOCUMENT # **F93000001526**

1. Corporation Name  
**CEDAR II POWER CORPORATION**



Principal Place of Business		Mailing Address	
BECHTEL ENTERPRISES, INC. BEALE STREET SAN FRANCISCO CA 94105 US		50 BEALE ST C/O TAX DPT SAN FRANCISCO CA 94105 US	
2. Principal Place of Business		2a. Mailing Address	
9405 Arrowpoint Blvd. Suite, Apt. #, etc. c/o Legal Department City & State Charlotte, NC Zip 28273		26 9405 Arrowpoint Blvd. Suite, Apt. #, etc. c/o Legal Department City & State Charlotte, NC Zip 28273	
Country 25 Mecklenburg		Country 30 Mecklenburg	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/29/1993</b>	
4. FEI Number <b>94-3174967</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, J D C/O 50 BEALE STREET SAN FRANCISCO CA 94105 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Chief Executive Officer David J. Lewis 9405 Arrowpoint Blvd. Charlotte, NC 28273-8110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD CAIN, F.J. 50 BEALE STREET SAN FRANCISCO CA <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	President/Chief Operating Officer Mark F. Miller 9405 Arrowpoint Blvd. Charlotte, NC 28273-8110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCT PROCTOR, G.C. 50 BEALE ST SAN FRANCISCO CA <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Group Sr. Vice President Dennis W. Alexander 9405 Arrowpoint Blvd. Charlotte, NC 28273-8110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT UNRUH, V.P. 50 BEALE ST SAN FRANCISCO CA <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Group Sr. Vice President/Operations Bruno R. Dunn 9405 Arrowpoint Blvd. Charlotte, NC 28273-8110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEDAR, B.D. C/O 50 BEALE STREET SAN FRANCISCO CA <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Sr. VP/Finance & Treasurer Thomas F. Schwartz 9405 Arrowpoint Blvd. Charlotte, NC 28273-8110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LOOMIS, R M C/O 50 BEALE STREET SAN FRANCISCO CA 94105 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Assistant Secretary Lori M. Toole 9405 Arrowpoint Blvd. Charlotte, NC 28273-8110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with address, with all other like empowered.

SIGNATURE: *Lori M. Toole* Lori M. Toole, Assistant Secretary 5-1-00

104/525-3806