

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001526

1. Entity Name

CEDAR II POWER CORPORATION

Principal Place of Business

9405 ARROWPOINT BLVD.  
C/O LEGAL DEPARTMENT  
CHARLOTTE NC 28273  
US

Mailing Address

9405 ARROWPOINT BLVD.  
C/O LEGAL DEPARTMENT  
CHARLOTTE NC 28273  
US

2. Principal Place of Business

9405 Arrowpoint Blvd.

3. Mailing Address

9405 Arrowpoint Blvd.

Suite, Apt. #, etc.

c/o Legal Department

Suite, Apt. #, etc.

c/o Legal Department

City & State

Charlotte, NC

City & State

Charlotte, NC

Zip

28273-8110

Country

Mecklenburg

Zip

28273-8110

Country

Mecklenburg

4. FEI Number

94-3174967

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 NAME STREET ADDRESS CITY-ST-ZIP	CEO LEWIS, DAVID J 9405 ARROWPOINT BLVD. CHARLOTTE NC 28273-8110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO MILLER, MARK F 9405 ARROWPOINT BLVD. CHARLOTTE NC 28273-8110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPO DUNN, BRUNO R 9405 ARROWPOINT BLVD. CHARLOTTE NC 28273-8110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT SCHWARTZ, THOMAS F 9405 ARROWPOINT BLVD. CHARLOTTE NC 28273-8110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TOOLE, LORI M 9405 ARROWPOINT BLVD. CHARLOTTE NC 28273-8110	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TOOLE, LORI M 9405 ARROWPOINT BLVD. CHARLOTTE NC 28273-8110	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sole Director 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	President 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP and CFO 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Lori M. Toole*

Lori M. Toole

3/7/01

704/525-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

044211

CR2E034 (10/00)

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90495 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE