

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

**FILED**  
**May 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000003426 (3)**  
 1. Corporation Name  
**CYPRESS POWER CORPORATION**



Principal Place of Business <b>50 BEALE STREET                  SAN FRANCISCO CA 94105</b>	Mailing Address <b>50 BEALE STREET                  C/O TAX DEPT                  SAN FRANCISCO CA 94105                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/29/1994</b>	
21 Suite, Apt. #, etc	22 City & State	26 Suite, Apt. #, etc	27 City & State	4. FEI Number <b>94-3205938</b>	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and that of applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CARTER, JOHN D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 BEALE STREET	1.2 NAME	
STREET ADDRESS	SAN FRANCISCO CA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	EVPO CAIN, F.J.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 BEALE STREET	2.2 NAME	
STREET ADDRESS	SAN FRANCISCO CA	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SVPT UNRUH, V.P.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 BEALE STREET	3.2 NAME	
STREET ADDRESS	SAN FRANCISCO CA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VPCT PROCTOR, G.C.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 BEALE STREET	4.2 NAME	
STREET ADDRESS	SAN FRANCISCO CA	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S SEDAR, B.D.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 BEALE STREET	5.2 NAME	
STREET ADDRESS	SAN FRANCISCO CA	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	AS LOOMIS, R.M.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 BEALE STREET	6.2 NAME	
STREET ADDRESS	SAN FRANCISCO CA	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 an address.

SIGNATURE \_\_\_\_\_ **M. E. MARTELLO**  
 Assistant Controller

CR2E034 (10/97)

Federal Employer Identification Number: 94-3205938

**CYPRESS POWER CORPORATION**

**CYPRESS**

**DIRECTORS AND OFFICERS**

**Entity Code: KH**

CARTER, J. D.	President and Director
GAIN, F. J.	Executive Vice President and Director
UNRUH, V. P.	Senior Vice President and Treasurer
PROCTOR, G. C.	Vice President, Controller and Assistant Treasurer
SEDAR, B. D.	Secretary
LOOMIS, R. M.	Assistant Secretary
MARTELLO, M. E.	Assistant Controller
NAKAMURA, J. R.	Assistant Secretary

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**Board of Directors**

Authorized	3
Vacancies	1
Quorum	2