

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

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90045 009 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F94000003426**

1. Corporation Name  
**CYPRESS POWER CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**50 BEALE STREET  
 SAN FRANCISCO CA 94105**

Mailing Address  
**50 BEALE STREET  
 C/O TAX DEPT  
 SAN FRANCISCO CA 94105  
 US**

3. Date Incorporated or Qualified  
**06/29/1994**

2. Principal Place of Business  
 21

2a. Mailing Address  
 26

4. FEI Number  
**94-3205938**

Applied For  
 Not Applicable

Suite, Apt. #, etc.  
 22

Suite, Apt. #, etc.  
 27

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

City & State  
 23

City & State  
 28

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Zip Country  
 24 25

Zip Country  
 29 30

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------------------|---|--|
| TITLE                      | PD <input type="checkbox"/> DELETE   | 1.1 TITLE   | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | CARTER, JOHN D                       | 1.2 NAME  | V. PAUL UNRUH  |
| STREET ADDRESS             | 50 BEALE STREET                      | 1.3 STREET ADDRESS                                    | 50 BEALE STREET  |
| CITY-ST-ZIP                | SAN FRANCISCO CA                     | 1.4 CITY-ST-ZIP                                       | SAN FRANCISCO, CA 94105  |
| TITLE                      | EVPD <input type="checkbox"/> DELETE | 2.1 TITLE   | VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CAIN, F.J.                           | 2.2 NAME  | ROBERT W. DOVE   |
| STREET ADDRESS             | 50 BEALE STREET                      | 2.3 STREET ADDRESS                                    | 50 BEALE STREET  |
| CITY-ST-ZIP                | SAN FRANCISCO CA                     | 2.4 CITY-ST-ZIP                                       | SAN FRANCISCO, CA 94105  |
| TITLE                      | SVPT <input type="checkbox"/> DELETE | 3.1 TITLE   | VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | UNRUH, V.P.                          | 3.2 NAME  | BERNARD FRIED  |
| STREET ADDRESS             | 50 BEALE STREET                      | 3.3 STREET ADDRESS                                    | 50 BEALE STREET  |
| CITY-ST-ZIP                | SAN FRANCISCO CA                     | 3.4 CITY-ST-ZIP                                       | SAN FRANCISCO, CA 94105  |
| TITLE                      | VPCT <input type="checkbox"/> DELETE | 4.1 TITLE   | CT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | PROCTOR, G.C.                        | 4.2 NAME  | PATRICIA CHIU  |
| STREET ADDRESS             | 50 BEALE STREET                      | 4.3 STREET ADDRESS                                    | 50 BEALE STREET  |
| CITY-ST-ZIP                | SAN FRANCISCO CA                     | 4.4 CITY-ST-ZIP                                       | SAN FRANCISCO, CA 94105  |
| TITLE                      | S <input type="checkbox"/> DELETE    | 5.1 TITLE   | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | SEDAR, B.D.                          | 5.2 NAME  | BRIAN SEDAR  |
| STREET ADDRESS             | 50 BEALE STREET                      | 5.3 STREET ADDRESS                                    | 50 BEALE STREET  |
| CITY-ST-ZIP                | SAN FRANCISCO CA                     | 5.4 CITY-ST-ZIP                                       | SAN FRANCISCO, CA 94105  |
| TITLE                      | AS <input type="checkbox"/> DELETE   | 6.1 TITLE   | AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | LOOMIS, R.M.                         | 6.2 NAME  | MIKE BAILEY  |
| STREET ADDRESS             | 50 BEALE STREET                      | 6.3 STREET ADDRESS                                    | 50 BEALE STREET  |
| CITY-ST-ZIP                | SAN FRANCISCO CA                     | 6.4 CITY-ST-ZIP                                       | SAN FRANCISCO, CA 94105  |

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, with all other like empowers.

SIGNATURE: *M. E. Martello* M. E. MARTELLO Assistant Controller 4/19/99 415-768-3500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

CR2E034 (1/98)

545541-90045-9  
F94000003426  
4/19/1999  
10:26 AM

[WKS/cypress]

**CYPRESS POWER CORPORATION**  
**FEIN: 94-3205938**

**Directors**

V. Paul Unruh  
Robert W. Dove

**Officers**

|                     |                              |
|---------------------|------------------------------|
| V. Paul Unruh       | President                    |
| Robert W. Dove      | Vice President               |
| Bernard Fried       | Vice President and Treasurer |
| Patricia Chiu       | Controller                   |
| Brian Sedar         | Secretary                    |
| Mike Bailey         | Assistant Secretary          |
| Peter J. Arnone     | Assistant Treasurer          |
| Michael E. Martello | Assistant Controller         |

**COMMUNICATIONS TO ANY OF THE ABOVE DIRECTORS AND OFFICERS MAY BE ADDRESSED  
IN c/o M.E. MARTELLO AT 50 BEALE STREET, SAN FRANCISCO, CALIFORNIA 94105-1895**