

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000003426**

1. Entity Name
CYPRESS POWER CORPORATION

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90148 004 ***150.00

| | |
|--|---|
| Principal Place of Business 50 BEALE STREET SAN FRANCISCO CA 94105 | Mailing Address 50 BEALE STREET C/O TAX DEPT SAN FRANCISCO CA 94105-1813 US |
|--|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 94-3205938 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

| | |
|--|-------------|
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | |
|--|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|--|
| TITLE | VPD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOVE, ROBERT W | NAME | |
| STREET ADDRESS | 50 BEALE STREET | STREET ADDRESS | |
| CITY-ST-ZIP | SAN FRANCISCO CA | CITY-ST-ZIP | |
| TITLE | VPT <input type="checkbox"/> Delete | TITLE | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRIED, BERNARD | NAME | FRIED, BERNARD |
| STREET ADDRESS | 50 BEALE STREET | STREET ADDRESS | 50 BEALE STREET |
| CITY-ST-ZIP | SAN FRANCISCO CA | CITY-ST-ZIP | SAN FRANCISCO, CA 94105 |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | UNRUH, V.P. | NAME | |
| STREET ADDRESS | 50 BEALE STREET | STREET ADDRESS | |
| CITY-ST-ZIP | SAN FRANCISCO CA | CITY-ST-ZIP | |
| TITLE | CT <input type="checkbox"/> Delete | TITLE | AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHIU, PATRICIA | NAME | ARNONE, P.J. |
| STREET ADDRESS | 50 BEALE STREET | STREET ADDRESS | 50 BEALE STREET |
| CITY-ST-ZIP | SAN FRANCISCO CA | CITY-ST-ZIP | SAN FRANCISCO, CA 94105 |
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SEDAR, B.D. | NAME | |
| STREET ADDRESS | 50 BEALE STREET | STREET ADDRESS | |
| CITY-ST-ZIP | SAN FRANCISCO CA | CITY-ST-ZIP | |
| TITLE | AS <input type="checkbox"/> Delete | TITLE | AC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAILEY, MIKE | NAME | MARTELLO, M.E. |
| STREET ADDRESS | 50 BEALE STREET | STREET ADDRESS | 50 BEALE ST. |
| CITY-ST-ZIP | SAN FRANCISCO CA | CITY-ST-ZIP | SAN FRANCISCO, CA 94105 |

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: M.E. Martello M.E. MARTELLO Assistant Controller (Authorized Officer)
 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 4/6/00 (415) 968-3500
Date Daytime Phone #

CR2E034 (9/99)

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00075300

CYPRESS POWER CORPORATION
FEDERAL I. D. NO. 94-3205938

DIRECTORS AND OFFICERS

| | |
|---------------------|-------------------------------------|
| V. Paul Unruh | President and Director |
| Robert W. Dove | Vice President and Director |
| Bernard Fried | Vice President |
| Steven F. DeAtley | Treasurer and Controller |
| Brian D. Sedar | Secretary |
| Peter J. Arnone | Assistant Treasurer |
| Michael E. Martello | Assistant Controller |
| Richard M. Loomis | Assistant Secretary |

Note: Communications to the above Directors and Officers may be addressed in
c/o Mike Martello at:
50 Beale Street , San Francisco, California 94105