


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90150 019 \*\*\*150.00

40067021



<b>DOCUMENT # F94000003426</b>					
1. Entity Name CYPRESS POWER CORPORATION					
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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 94-3205938	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIEROTH, G. A		NAME		
STREET ADDRESS	50 BEALE STREET		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94105		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKEY, M. B		NAME		
STREET ADDRESS	50 BEALE STREET		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94105		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STATTON, TIMOTHY D		NAME	GRENFELL, ERIC W.	
STREET ADDRESS	50 BEALE STREET		STREET ADDRESS	50 BEALE STREET	
CITY-ST-ZIP	SAN FRANCISCO, CA		CITY-ST-ZIP	SAN FRANCISCO, CA 94105	
TITLE	VPC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIU, PATRICIA N		NAME		
STREET ADDRESS	50 BEALE STREET		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94105		CITY-ST-ZIP		
TITLE	VPS	<input checked="" type="checkbox"/> Delete	TITLE	VPAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILEY, M.C.		NAME	ARNONE, PETER J.	
STREET ADDRESS	50 BEALE STREET		STREET ADDRESS	50 BEALE STREET	
CITY-ST-ZIP	SAN FRANCISCO, CA 94105		CITY-ST-ZIP	SAN FRANCISCO, CA 94105	
TITLE	AC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPOLIO, WALTER A		NAME		
STREET ADDRESS	50 BEALE STREET		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94105		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>W.A. Napolio</i>		W.A. NAPOLIO - ASST. CONTROLLER		4-21-05 (415) 768-1505	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT  
#F94000003426

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CYPRESS POWER CORPORATION (KH)

CYPRESS  
FEIN: 94-3205938

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**Directors**

ROEHL, JEFFREY S.

Director

**Officers**

GRENFELL, ERIC W.

President

ARNONE, PETER J.

Vice President and Assistant Treasurer

CHIU, PATRICIA N.

Vice President and Controller

ZIEROTH, GARY A.

Vice President

NAPOLIO, WALTER A.

Assistant Controller

BURKEY, MARCIA B.

Senior Vice President and Treasurer

Board of Directors

Authorized:

Quorum:

Communications to any of the above Directors and Officers may be addressed in c/o  
T.A. Carlson at 50 Beale Street, San Francisco, CA 94105