

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90019 027 ***150.00

40043000



01052006 Chg-P CR2E034 (11/05)

4. FEI Number
52-1889595

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 RD
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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BONNER, THOMAS J	
STREET ADDRESS	9405 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE, NC 282738110	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	O'CONNOR, JOHN W	
STREET ADDRESS	9405 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE, NC 282738110	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	RIPPETOE, ELIZABETH L	
STREET ADDRESS	9405 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE, NC 282738110	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEALY, SUSAN L	
STREET ADDRESS	85 BROAD STREET, 4TH FLR	
CITY-ST-ZIP	NEW YORK, NY 10004	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SHADBURNE, SARAH V	
STREET ADDRESS	9405 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE, NC 282738110	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GREEN, PHYLLIS K	
STREET ADDRESS	9405 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE, NC 282738110	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V HASHE, WILLIAM E.
STREET ADDRESS	9405 ARROWPOINT BLVD.
CITY-ST-ZIP	CHARLOTTE, NC 28273-8110
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Anne M. Reece Anne M. Reece, Assistant Secretary 3-31-2006 704-525-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/21/2006

ATTACHMENT
40045698

Indiantown Cogeneration Funding Corporation

Florida Doc. # F94000003818

Principal Office:

9405 Arrowpoint Blvd.
Charlotte, NC 28273-8110

<u>Officer</u>	<u>Title</u>
Thomas J. Bonner	P/D
Mark A. Casper	V
Michael L. Everett	AT
Phyllis K. Green	AS
Kimberly H. Harris	AC
William E. Hashe	V
Susan L. Healy	D
John W. O'Connor	V/I/T/D
Anne M. Reece	AS
Elizabeth L. Rippetoe	V/S/D
Andre P. Rose	AS
S. M. Rudolph	C/CAO