


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90010 036 ***150.00

DOCUMENT # F94000003818	
1. Entity Name INDIANTOWN COGENERATION FUNDING CORPORATION	

Principal Place of Business 9405 ARROWPOINT BLVD CHARLOTTE, NC 28273-8110	Mailing Address 9405 ARROWPOINT BLVD CHARLOTTE, NC 28273-8110
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4001000000



02282007 Chg-P CR2E034 (12/06)

4. FEI Number 52-1889595	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
DATE _____	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNER, THOMAS J		NAME		
STREET ADDRESS	9405 ARROWPOINT BLVD		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 282738110		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, JOHN W		NAME		
STREET ADDRESS	9405 ARROWPOINT BLVD		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 282738110		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIPPETOE, ELIZABETH L		NAME		
STREET ADDRESS	9405 ARROWPOINT BLVD		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 282738110		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALY, SUSAN L		NAME		
STREET ADDRESS	85 BROAD STREET, 4TH FLR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10004		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASHE, WILLIAM E		NAME		
STREET ADDRESS	9405 ARROWPOINT BLVD		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 282738710		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, PHYLLIS K		NAME		
STREET ADDRESS	9405 ARROWPOINT BLVD		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE, NC 282738110		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.	
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SIGNATURE: <u>Anne H. Reece</u> <i>Anne H. Reece, Assistant Secretary</i>	<u>3-26-2007</u> <i>Date</i>	<u>704-525-3800</u> <i>Daytime Phone #</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

03/19/2007

ATTACHMENT 40042315

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
William E. Hashe	V
Christine D. Leapley	AC
John W. O'Connor	V/T/D
Anne M. Reece	AS
Elizabeth L. Rippetoe	V/S/D
S. M. Rudolph	C/CAO