FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ÅNNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

F9400005921 (1)

ENRON CAPITAL & TRADE RESOURCES CORP.

Principal Place of Business Mailing Address 4400 CHITH OTHER



HOUSTON TO		P.O. BOX 1188 HOUSTON TX 77251-118	8					
US					3. Date Incorporated or Qualified	3a. Date		
9 Principal Pla	on of Diviness	7-2			11/16/1994	0	5/01 <u>/</u>	1995
2. Principal Pla 21 1400		2a. Mailing Address			4. FEI Number			Applied For
		26			76-0318139			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State 28					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
^{Zip} 17007	Country 25 J SA	Z ₍ p	Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ▼ No			
24) 1 1000	9, Name and Address of Curren		30					
	S, Harry and Address of Carrell	Hogistered Agent	81	Name	10. Name and Address of New R	egistered /	gent	
0.7.00	DDODATION OVOTEM			TACATAC				
C T CORPORATION SYSTEM				Street	Address (P.O. Box Number is Not Acceptab	le)		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324								
PLANIA	HON FL 33324		83					
			84	City		Fi	85	Zip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above r	named co	orporation submits this statement for the pur	oose of cha	ooine its	s registered office
or registere familiar with	d agent, or both, in the State of Florid i, and accept the obligations of, Section	a. Such change was authorized I on 607.0505, Florida Statutes.	by the corp	oration's	board of directors. I hereby accept the appoint	pintment as	register	ed agent. I am
SIGNATURE Signature, typeo or printed name of registered apprit and title if appricable (NOTE: Registered Against signature required when renestating) DATE DATE								
12.	OFFICERS AND		13.	- og kat c	ADDITIONS/CHANGES TO OFFI		DIRECT	IORS IN 12
TITLE	M	DELETE	1. 1 TITLE		m/C/D		KChang	
NAME	SKILLING, JEFFREY K		1.2 NAME		1110	•		
STREET ADDRESS	1400 SMITH		1.3 STREET	ADDRESS				
CITY-ST-ZIP	HOUSTON TX		1.4 C(1Y - S					
TITLE	VCD	☐ DELETE	2 1 TITLE		VC/M/D	r's	Change	Addition
NAME	ESSLINGER, JOHN J		2.2 NAME			Ų	X 0	,
STREET ADDRESS	1400 SMITH		2 3 STREET	ADDRESS				
CITY-SI-ZIP	HOUSTON TX		24 CITY-S					
TITLE	M	DELETE	3. 1 TITLE		PIM	/	Change	Addition
NAME	PAI, LOU L		3.2 NAME		, , , ,	4	V Oracing.	, Li ridanion
STREET ADDRESS	1400 SMITH		3.3. STREET	ADDRESS				
CITY-ST-Z-P	HOUSTON TX		3.4 CITY-S					
TITLE	GCM	DELETE	4. 1 TITLE		m] Change	Addition
NAME	HAEDICKE, MARK E		4.2 NAME			L.	1	
STREET ADDRESS	1400 SMITH		4.3 STHEET	ADDRESS				
CITY-SI-ZIP	HOUSTON TX		4.4 CITY-S					
TITLE	٧	DELE 1E	5. 1 THILE			Г	1 Change	:
NAME	CAUSEY, RICHARD A		5.2 NAME			_		
STREET ADDRESS	1400 SMITH		5.3 STREE1	ADDRESS				
CITY-ST-ZIP	HOUSTON TX		5.4 CITY-S					
TITLE	٧		6. 1 TITLE		WASHINGTON TO SHARE THE SH) Change	Addition
NAME	HERMANN, ROBERT J.		6.2 NAME			L		
STREET ADDRESS	1400 SMITH		6.3 STREET	ADDRESS				
CITY-ST-ZIP	HOUSTON TX		64 City-S	1 - 71P				
14. I do hereby	certify that the information supplied w	ith this filing is voluntarily furnished	ed and does	not qua	ality for the exemption stated in Section 119.0	7(3)(k), Flor	da Stat	utes. I further

lirector of the corporation or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under lirector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 13 if manged, or on an attachment with an address. oath; that I am an officer or di appears in Block 12 or Block