FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000001318 (3)**

1. Corporation Name

CYPRESS COGENERATION COMPANY

Principal Place of Business	Mailing Address
[redacted] IRVINE CA 92715	[redacted] IRVINE CA 92715
P.O. BOX 1637	**P.O. BOX 1637**
HOUSTON, TX 77251-1637	**HOUSTON, TX 77251-1637**

2. Principal Place of Business	2a. Mailing Address
21	26 **P.O. BOX 1637**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27 **ATTN: LEGAL DEPT.**
City & State 23	City & State 28 **HOUSTON, TX**
Zip 24 / Country 25	Zip 29 **77251-1637** / Country 30 **HARRIS**

3. Date Incorporated or Qualified: **03/20/1995** | 3a. Date of Last Report:

4. FEI Number: **33-0395458** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: **THE PRENTICE-HALL CORPORATION SYSTEM, INC.**
82 Street Address (P.O. Box Number is Not Acceptable): **1201 HAYS STREET**
83
84 City: **TALLAHASSEE** **FL** 85 Zip Code: **32301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Howard L. Vols — Signature, typed or printed name of registered agent, and title of Corporate Officer
Howard L. Vols
Assistant Vice President
NOTE: Registered Agent's signature required when reinstating
DATE: 4-24-96

12. OFFICERS AND DIRECTORS		
TITLE	PD	☒ DELETE
NAME	MULLER, EDWARD R	
STREET ADDRESS	18101 VON KARMAN, SUITE 1700	
CITY-ST-ZIP	IRVINE CA 92715	
TITLE	VD	☒ DELETE
NAME	EDGELL, ROBERT M	
STREET ADDRESS	18101 VON KARMAN, SUITE 1700	
CITY-ST-ZIP	IRVINE CA 92715	
TITLE	VD	☒ DELETE
NAME	DIETCH, ROBERT	
STREET ADDRESS	18101 VON KARMAN, SUITE 1700	
CITY-ST-ZIP	IRVINE CA 92715	
TITLE	CFOD	☒ DELETE
NAME	IACO, JAMES V JR	
STREET ADDRESS	18101 VON KARMAN, SUITE 1700	
CITY-ST-ZIP	IRVINE CA 92715	
TITLE	VD	☒ DELETE
NAME	MELITA, S. DANIEL	
STREET ADDRESS	18101 VON KARMAN, SUITE 1700	
CITY-ST-ZIP	IRVINE CA 92715	
TITLE	VGCD	☒ DELETE
NAME	WILLIAMS, S. LINN	
STREET ADDRESS	18101 VON KARMAN, SUITE 1700	
CITY-ST-ZIP	IRVINE CA 92715	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	☐ Change ☐ Addition
1.2 NAME	RICHARD R. STEWART	
1.3 STREET ADDRESS	6428 BROMPTON	
1.4 CITY-ST-ZIP	HOUSTON, TX 77005	
2.1 TITLE	V/T/D	☐ Change ☐ Addition
2.2 NAME	HARGRAVE, ROBERT L.	
2.3 STREET ADDRESS	2 BLALOCK CIRCLE	
2.4 CITY-ST-ZIP	HOUSTON, TX 77024	
3.1 TITLE	V/S/D	☐ Change ☐ Addition
3.2 NAME	WILSON, LAWRENCE E.	
3.3 STREET ADDRESS	3 INVERNESS PARK CIRCLE	
3.4 CITY-ST-ZIP	HOUSTON, TX 77055	
4.1 TITLE	D	☐ Change ☐ Addition
4.2 NAME	STEWART, C. JIM II	
4.3 STREET ADDRESS	5957 SHADY RIVER	
4.4 CITY-ST-ZIP	HOUSTON, TX 77057	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	800001796888	
5.3 STREET ADDRESS	-04/26/96--01094--031	
5.4 CITY-ST-ZIP	***200.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LAWRENCE E. WILSON

Date: **4/17/96**

Daytime Phone #: **(713) 868-7700**