

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

P.O. BOX 1637  
HOUSTON TX 77251-1637

Mailing Address

P.O. BOX 1637  
ATTN: LEGAL DEPT.  
HOUSTON TX 77251-1637

3. Date Incorporated or Qualified

03/20/1995

3a. Date of Last Report

04/26/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	STEWART, RICHARD R	
STREET ADDRESS	6428 BROMPTON	
CITY-ST-ZIP	HOUSTON TX 77005	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	WILSON, LAWRENCE E	
STREET ADDRESS	3 INVERNESS PARK CIRCLE	
CITY-ST-ZIP	HOUSTON TX 77055	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	WILSON, LAWRENCE E	
STREET ADDRESS	3 INVERNESS PARK CIRCLE	
CITY-ST-ZIP	HOUSTON TX 77055	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEWART, II, C. JIM	
STREET ADDRESS	5957 SHADY RIVER	
CITY-ST-ZIP	HOUSTON TX 77055	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	STEWART, RICHARD R.	
13 STREET ADDRESS	2707 NORTH LOOP WEST	
14 CITY-ST-ZIP	HOUSTON, TEXAS 77008	
21 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HARGRAVE, ROBERT L.	
23 STREET ADDRESS	2707 NORTH LOOP WEST	
24 CITY-ST-ZIP	HOUSTON, TEXAS 77008	
31 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	WILSON, LAWRENCE E.	
33 STREET ADDRESS	2707 NORTH LOOP WEST	
34 CITY-ST-ZIP	HOUSTON, TEXAS 77008	
41 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	STEWART II, C. JIM	
43 STREET ADDRESS	2707 NORTH LOOP WEST	
44 CITY-ST-ZIP	HOUSTON, TEXAS 77008	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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 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.

LAWRENCE E. WILSON

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lawrence E. Wilson* 1/20/97 713/868-7700

CR2E034 (9/96)