

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000003089 (8)**

1. Corporation Name

ENTERPRISE STRATEGIC ENERGY SOLUTIONS, INC.



Principal Place of Business

**1 RIVERFRONT PLAZA, 9TH FLOOR
NEWARK NJ 07102**

Mailing Address

**1 RIVERFRONT PLAZA, 9TH FLOOR
NEWARK NJ 07102**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/26/1995

3a. Date of Last Report

4. FEI Number

22-3376102

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. 190.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

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 of the Registered Agent

Signature of the Secretary or Treasurer

(Date)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/>	DELETE
NAME	IZZO, RALPH		
STREET ADDRESS	80 PARK PLAZA		
CITY - ST - ZIP	NEWARK NJ 07101		
TITLE	PD	<input type="checkbox"/>	DELETE
NAME	FASTIGGI, FREDERICK G		
STREET ADDRESS	1 RIVERFRONT PLAZA, 9TH FLOOR		
CITY - ST - ZIP	NEWARK NJ 07102		
TITLE	V	<input type="checkbox"/>	DELETE
NAME	KLOC, THOMAS M		
STREET ADDRESS	1 RIVERFRONT PLAZA, 9TH FLOOR		
CITY - ST - ZIP	NEWARK NJ 07102		
TITLE	V	<input type="checkbox"/>	DELETE
NAME	LIBERTY, EDWARD A		
STREET ADDRESS	80 PARK PLAZA		
CITY - ST - ZIP	NEWARK NJ 07101		
TITLE	V	<input type="checkbox"/>	DELETE
NAME	DICKINSON, THOMAS W		
STREET ADDRESS	1 RIVERFRONT PLAZA, 9TH FLOOR		
CITY - ST - ZIP	NEWARK NJ 07102		
TITLE	V	<input type="checkbox"/>	DELETE
NAME	KELLEHER, CHRISTOPHER P		
STREET ADDRESS	1 RIVERFRONT PLAZA, 9TH FLOOR		
CITY - ST - ZIP	NEWARK NJ 07102		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1. TITLE	Treasurer	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
2. NAME	Joan C. MacDonald				
3. STREET ADDRESS	1 Riverfront Plaza, 9th Floor				
4. CITY - ST - ZIP	Newark, NJ 07102				
5. TITLE	Secretary	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
6. NAME	William R. Barbour				
7. STREET ADDRESS	1 Riverfront Plaza, 9th Floor				
8. CITY - ST - ZIP	Newark, NJ 07102				
9. TITLE	Assistant Secretary	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
10. NAME	Edward J. Biggins, Jr.				
11. STREET ADDRESS	80 Park Plaza				
12. CITY - ST - ZIP	Newark, NJ 07101				
13. TITLE	Vice President	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
14. NAME	Edward A. Liberty				
15. STREET ADDRESS	1 Riverfront Plaza, 9th Floor				
16. CITY - ST - ZIP	Newark, NJ 07102				
17. TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
18. NAME					
19. STREET ADDRESS					
20. CITY - ST - ZIP					
21. TITLE		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
22. NAME					
23. STREET ADDRESS					
24. CITY - ST - ZIP					

14. I do hereby certify that the information supplied with this filing 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 reports 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 secretary 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 or change-I, or appears in Block 13 or change-I.

SIGNATURE: **William R. Barbour**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Secretary**

3-29-96

201-596-6716

CR2E034 (12/95)