

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000003678 (8)**

1. Corporation Name

**INTERNATIONAL GENERATING COMPANY, INC.**



Principal Place of Business

Mailing Address

**ONE BOWDOIN SQUARE  
BOSTON MA 02114**

**ONE BOWDOIN SQUARE  
BOSTON MA 02114**

3. Date Incorporated or Qualified

**07/31/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

**04-3275339**

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

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

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

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, if applicable,

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIVA, CARLOS A	
STREET ADDRESS	ONE BOWDOIN SQUARE	
CITY-ST-ZIP	BOSTON MA 02114	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FOSTER, JOHN H	
STREET ADDRESS	ONE BOWDOIN SQUARE	
CITY-ST-ZIP	BOSTON MA 02114	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GURUN, KATHERINE H	
STREET ADDRESS	ONE BOWDOIN SQUARE	
CITY-ST-ZIP	BOSTON MA 02114	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LILLEJORD, RONALD L	
STREET ADDRESS	ONE BOWDOIN SQUARE	
CITY-ST-ZIP	BOSTON MA 02114	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GURUN, K H	
STREET ADDRESS	ONE BOWDOIN SQUARE	
CITY-ST-ZIP	BOSTON MA 02114	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KEKEISEN, J A	
STREET ADDRESS	ONE BOWDOIN SQUARE	
CITY-ST-ZIP	BOSTON MA 02114	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Terajewicz, J. C.	
3. STREET ADDRESS	One Bowdoin Square	
4. CITY-ST-ZIP	Boston, MA 02114	
2. TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Smith, Thomas R.	
3. STREET ADDRESS	Two Alhambra Plaza, Suite 1100	
4. CITY-ST-ZIP	Coral Gables, FL 33134	
3. TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3. NAME	Gurun, Turgay	
3. STREET ADDRESS	One Bowdoin Square	
3. CITY-ST-ZIP	Boston, MA 02114	
4. TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4. NAME	Hren, Robert R.	
4. STREET ADDRESS	Two Alhambra Plaza, Suite 1100	
4. CITY-ST-ZIP	Coral Gables, FL 33134	
5. TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5. NAME	Smith, Neil H.	
5. STREET ADDRESS	One Bowdoin Square	
5. CITY-ST-ZIP	Boston, MA 02114	
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

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:

*Ronald L. Lillejord*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald L. Lillejord April 29, 1996 617-720-7690

Dist

Daytime Phone #

CR2E034 (12/95)