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

FILED
May 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # F95000003678

1. Corporation Name

InterGen Energy, Inc.

Principal Place of Business	Mailing Address
One Bowdoin Square Boston, MA 02114	One Bowdoin Square Boston, MA 02114-2927

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1995

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NEW Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	Riva, Carlos A		12 NAME		
STREET ADDRESS	One Bowdoin Square		13 STREET ADDRESS		
CITY-ST-ZIP	Boston, MA 02114		14 CITY-ST-ZIP		
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	Hemsath, Paul E.		22 NAME		
STREET ADDRESS	One Bowdoin Square		23 STREET ADDRESS		
CITY-ST-ZIP	Boston, MA 02114		24 CITY-ST-ZIP		
TITLE	S	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	Gurun, Katherine H.		32 NAME		
STREET ADDRESS	One Bowdoin Square		33 STREET ADDRESS		
CITY-ST-ZIP	Boston, MA 02114		34 CITY-ST-ZIP		
TITLE	T	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	Lillejord, Ronald L		42 NAME		
STREET ADDRESS	One Bowdoin Square		43 STREET ADDRESS		
CITY-ST-ZIP	Boston, MA 02114		44 CITY-ST-ZIP		
TITLE	V	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	Terajewicz, JC		52 NAME		
STREET ADDRESS	One Bowdoin Square		53 STREET ADDRESS		
CITY-ST-ZIP	Boston, MA 02114		54 CITY-ST-ZIP		
TITLE	V	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	Kekeisen, JA		62 NAME		
STREET ADDRESS	One Bowdoin Square		63 STREET ADDRESS		
CITY-ST-ZIP	Boston, MA 02114		64 CITY-ST-ZIP		

5/5/97

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CR2E034 (10/97)

14. I hereby certify that the information indicated on this report or supplemental 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 added above.

SIGNATURE: _____ Date _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #