

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90014 045 ***550.00

DOCUMENT # F95000003678

1. Corporation Name
INTERGEN ENERGY, INC.

Principal Place of Business
ONE BOWDOIN SQUARE
BOSTON MA 02114

Mailing Address
ONE BOWDOIN SQUARE
BOSTON MA 02114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/31/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 04-3275339	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVA, CARLOS A	1.2 NAME	
STREET ADDRESS	ONE BOWDOIN SQUARE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02114	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMSATH, PAUL E	2.2 NAME	
STREET ADDRESS	ONE BOWDOIN SQUARE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02114	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GURUN, KATHERINE H	3.2 NAME	Loomis, Richard M.
STREET ADDRESS	ONE BOWDOIN SQUARE	3.3 STREET ADDRESS	One Bowdoin Square
CITY-ST-ZIP	BOSTON MA 02114	3.4 CITY-ST-ZIP	Boston, MA 02114
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILLEJORD, RONALD L	4.2 NAME	
STREET ADDRESS	ONE BOWDOIN SQUARE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02114	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERAJEWICZ, JC	5.2 NAME	
STREET ADDRESS	ONE BOWDOIN SQUARE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEKEISEN, J A	6.2 NAME	
STREET ADDRESS	ONE BOWDOIN SQUARE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02114	6.4 CITY-ST-ZIP	

4. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Paul E Hemsath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(617) 747-1777

Date

Daytime Phone #

CR2E034 (11/98)