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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F95000004241 (4)

U.S. ENERGY SYSTEMS, INC. (DELAWARE)

FILED Jan 22 1997 8:00am Secretary of State

| Principal Place                       | of Diminora  | Mailing Adds   | Mailing Address                   |                           |                  | I IBBAIDE INS FRIEF BEIN BRAN BRAN BRAN BRAN BRAN BRAN BRAN BRA  |  |
|---------------------------------------|--|--|-----------------------------------|---------------------------|------------------|--|--|
| ,                                     |  | _  | 515 N. FLAGLER DRIVE              |                           |                  |  |  |
| 515 N. FLAGLE                         | R DRIVE  |  |                                   |                           |                  |  |  |
| SUITE 202                             |  |  | SUITE 202                         |                           |                  |  |  |
| WEST PALM BE                          | EACH FL 33401  |  | BEACH FL 3340                     | 1-4322                    |                  |  |  |
| US                                    |  | U\$  |                                   |                           |                  | 3. Date Incorporated or Qualified   08/31/1995   3a. Date of Last Report   03/27/1996  |  |
| 2. Principal Pla                      | ace of Business  | 2a. Mailing A  | ddress                            |                           |                  | 4. FEI Number Applied For  |  |
| 21                                    |  | 26   |                                   |                           |                  | 52-1216347 Not Applicable  |  |
|                                       | H ato  |  | Suite, Apt. #, etc.               |                           |                  | \$8.75 Additional  |  |
| Suite, Apt. #, etc                    |  |  | <del> </del>                      |                           |                  | 5. Certificate of Status Desired Fee Required  |  |
| 22                                    |  |  | 27                                |                           |                  |  |  |
| City & State                          |  | City & Sta   | City & State                      |                           |                  | 6. Election Campaign Financing \$5.00 May Be   |  |
| 23                                    |  | 28   |                                   |                           |                  | Trust Fund Contribution Added to Fees  |  |
| Zιρ                                   | Country  | Zip  |                                   | Country                   | /                | 8. This corporation has liability for intangible tax under s. 199.032,   |  |
| 24                                    | 25   | 29   | 30                                | 5                         |                  | Florida Statutes   |  |
|                                       | 9. Name and Address of Curr  | ent Registered Age   |                                   |                           |                  | 10. Name and Address of New Registered Agent   |  |
| MEI (                                 |  |  |                                   | 81                        | Name             |  |  |
| NELSON, RICHARD H                     |  |  |                                   | ]*`                       | 1.44/110         |  |  |
| 515 NORTH FLAGLER DRIVE #202          |  |  |                                   | 82                        | Street A         | Address (P.O. Box Number is Not Acceptable)  |  |
| WES                                   | IT PALM BEACH FL 33401   |  |                                   |                           |                  |  |  |
|                                       |  |  |                                   | 83                        |                  |  |  |
|                                       |  |  |                                   |                           |                  |  |  |
|                                       |  |  |                                   | 84                        | City             | 85 Zip Code  |  |
|                                       |  |  |                                   |                           |                  | FL   S   L   S   C   C   C   C   C   C   C   C   C   |  |
| 11. Pursuant ti                       | o the provisions of Sections 607.0   | 602 and 607,1508, F  | lorida Statutes,                  | the abov                  | e-named          | corporation submits this statement for the purpose of changing its registered  |  |
| office or fo                          | ogistered agent, or both, in the Sta<br>n familiar with, and accept the obl  | ate of Fiorida, Such cl<br>ligations of Section 6  | nange was aut<br>607.0505. Florid | norized by<br>la Statute: | y ine corp<br>s. | poration's board of directors. I hereby accept the appointment as registered   |  |
| "                                     | The same of the sa |  |                                   |                           |                  |  |  |
| SIGNATURE                             | Signature, typed or pented pame of registered  | are the state of t | INICITE D                         | onietorad Am              | ant cionat va    | required when reinstating) DATE  |  |
| 12.                                   |  | AND DIRECTORS  | jivore n                          | 13.                       | ork algitatore   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
| <del></del>                           | PD   |  | DELETE                            | 1.1 TITLE                 | 1                | Change Addition  |  |
| TITLE                                 | • •  | _  | DECETE                            |                           |                  | Change Li Addition   |  |
| NAME                                  | NELSON, RICHARD H  |  |                                   | 1.2 NAME                  |                  |  |  |
| STREET ADDRESS                        | 515 NORT FLAGLER DRIVE   | #202   |                                   | 1.3 STREET                | T ADDRESS        |  |  |
| CITY-S1-ZIP                           | WEST PALM BEACH FL   |  |                                   | 1.4 CITY - 5              | ST-ZIP           |  |  |
| TITLE                                 | CD   |  | DELETE                            | 2 1 TITLE                 |                  | Change Addition  |  |
| ]                                     | ROSEN, THEODORE  | <del> </del>   | , 0                               |                           | ì                |  |  |
| NAME                                  |  |  |                                   | 2 2 NAME                  |                  |  |  |
| STREET ADDRESS                        | 55 E. 87TH ST.   |  |                                   | 2 3 STREET                | T ADDRESS        |  |  |
| CITY-ST-ZIP                           | NEW YORK NY  |  |                                   | 2 4 CHY-                  | ST-ZIP           |  |  |
| TITLE                                 | ST   |  | DELETE                            | 3.1 TITLE                 |                  | . Change Addition  |  |
| NAMÉ                                  | BEDER, SEYMOUR   |  | i                                 | 3.2 NAME                  |                  |  |  |
| 1 1                                   | 515 N. FLAGLER DRIVE #20   | no   |                                   |                           |                  |  |  |
| STREET ADORESS                        |  | JE.  |                                   |                           | ADDRESS          |  |  |
| CITY-ST-ZIP                           | WEST PALM BEACH FL   |  |                                   | 3.4. CITY-                | ST-ZIP           |  |  |
| TITLE                                 | D  | ×  | DELETE                            | 4.1 TITLE                 |                  | DIRECTOR Change Addition  ALLEN J. ROTHMAN  90 ROBINSON BROG- LEINWAND ST AL  1345 AVENUE OF THE AMERICAS  1345 AVENUE OF THE AMERICAS   |  |
| NAME                                  | MOODY, RONALD  |  |                                   | 4. 2 NAME                 |                  | ALLEN J. ROTHMAN   |  |
| STREET ADDRESS                        | 6451 N. THIMBLE PATH   |  |                                   | 4.3 STREET                | T ADDRESS        | 40 ROBINSON BROG- LEINWARICAS  |  |
|                                       | TUCSON AZ 85715  |  |                                   |                           | T 200            | 1345 AVENUE OF THE AMELINE   |  |
| CITY-ST-ZIP                           | N  |  | DELETE                            | 4.4 CITY - 9              |                  |  |  |
| TITLE                                 | U  | D.   | DELETE                            |                           | -                | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1  |  |
| NAME                                  | KNOLL, FRED  |  |                                   | 5.2 NAME                  | -                | 600 MADISON AVENUE   |  |
| STREET ADDRESS                        | 375 PARK AVENUE #14-7  |  |                                   | 5.3 STREE                 | T ADDRESS        |  |  |
| C-TY - ST - ZIP                       | NEW YORK NY  |  |                                   | 5.4 CHY-1                 |                  | NEW YORK NY 12022-1615   |  |
| THILE                                 | n  |  | DELETE                            | 6.1 DTLE                  | V1 -4.11         | NEW YORK, NY 10022-1615 ☐ Change ☐ Addition  |  |
|                                       | EVANO EVAN   | L  | JULICETE                          |                           |                  | La charge La Addition  |  |
| NAME                                  | EVANS, EVAN  |  |                                   | 6.2 NAME                  |                  |  |  |
| STREET ADDRESS                        | 331 OLD TOLL ROAD  |  |                                   | 6.3 STREET                | t address        |  |  |
| CITY-S1-ZIP                           | MADISON CT   |  |                                   | 6.4 CITY - 5              | \$T- <i>T</i> IP |  |  |
| · · · · · · · · · · · · · · · · · · · | The state of the s |  |                                   |                           |                  | to Continue of Con |  |

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 seport 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 on powered 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 at address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

1/13/97

561-820-9779