2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001417

Entity Name: ORANGE COGENERATION GP II, INC.

FILED Jan 13, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2929 ALLEN PARKWAY, SUITE 2200 ATTN: MATT BORSKI HOUSTON, TX 77019 US			2929 ALLEN PARKWAY, SUITE 2200 HOUSTON, TX 77019 US			
Current Mailing Address:				New Mailing Address:		
ATTN: MAT	29 ALLEN PARKWAY, SUITE 2200 TN: MATT BORSKI DUSTON, TX 77019 US			2929 ALLEN PARKWAY, SUITE 2200 HOUSTON, TX 77019 US		
FEI Number:	75-2562613	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Addre					Address of N	ew Registered Agent:
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US				CAPITOL CORPORATE SERVICES, INC. 1333 N. DUVAL STREET TALLAHASSEE, FL 32303 US		
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE: CHERYL ROBERTS, PRESIDENT 01/13/2006						
Electronic Signature of Registered Agent				Date		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	JACOBSON, MAI	RKWAY, SUITE 2200		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	SCHAGER, VINC	RKWAY, SUITE 2200		Title: Name: Address: City-St-Zip:	SCHAGER, VINC	RKWAY, SUITE 2200
Title: Name: Address: City-St-Zip:	PRES () I JORDAN, ROBEI 16945 NORTHCH HOUSTON, TX 7	ASE DRIVE		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	SEC () I BADEN, PAMELA 16945 NORTHCH HOUSTON, TX 7	ASE DRIVE		Title: Name: Address: City-St-Zip:	S/D (X) BADEN, PAMEL 16945 NORTHC HOUSTON, TX	HASE DRIVE
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	BROWDER, JAC	RKWAY, SUITE 2200
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	D () FIELD, DAVID T 16945 NORTHC HOUSTON, TX	HASE DRIVE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALCOLM W. JACOBSON GM 01/13/2006