

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90027 044 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** F97000002738 (9)

1. Corporation Name

COTTONWOOD POWER CORPORATION

Principal Place of Business C/O TAX DEPT 50 BEALE ST SAN FRANCISCO, CA 94105	Mailing Address C/O TAX DEPT 50 Beale St San Francisco, CA 94105
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/21/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 94-3173514	Applied For <input type="checkbox"/> 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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SO PINE ISLAND RD  
PLANTATION, FL 33324

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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, J D	1.2 NAME	UNRUH, V P
STREET ADDRESS	50 BEALE ST	1.3 STREET ADDRESS	50 BEALE ST
CITY - ST - ZIP	SAN FRANCISCO, CA 94105	1.4 CITY - ST - ZIP	SAN FRANCISCO, CA 94105
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIN, F J	2.2 NAME	DOVE, R W
STREET ADDRESS	50 BEALE ST	2.3 STREET ADDRESS	50 BEALE ST
CITY - ST - ZIP	SAN FRANCISCO, CA 94105	2.4 CITY - ST - ZIP	SAN FRANCISCO, CA 94105
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNRUH, V P	3.2 NAME	FRIED, B
STREET ADDRESS	50 BEALE ST	3.3 STREET ADDRESS	50 BEALE ST
CITY - ST - ZIP	SAN FRANCISCO, CA 94105	3.4 CITY - ST - ZIP	SAN FRANCISCO, CA 94105
TITLE	VT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCTOR, G C	4.2 NAME	ARNONE, P
STREET ADDRESS	50 BEALE ST	4.3 STREET ADDRESS	50 BEALE ST
CITY - ST - ZIP	SAN FRANCISCO, CA 94105	4.4 CITY - ST - ZIP	SAN FRANCISCO, CA 94105
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEDAR, B D	5.2 NAME	ZIELINSKA, B
STREET ADDRESS	50 BEALE ST	5.3 STREET ADDRESS	50 BEALE ST
CITY - ST - ZIP	SAN FRANCISCO, CA 94105	5.4 CITY - ST - ZIP	SAN FRANCISCO, CA 94105
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	AC <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOOMIS, R M	6.2 NAME	MARTELLO, M E
STREET ADDRESS	50 BEALE ST	6.3 STREET ADDRESS	50 BEALE ST
CITY - ST - ZIP	SAN FRANCISCO, CA 94105	6.4 CITY - ST - ZIP	SAN FRANCISCO, CA 94105

14. 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, changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *M. E. Martello* M. E. MARTELLO, ASST CONTROLLER **4/23/99** (415) 768-3500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

**COTTONWOOD POWER CORPORATION**

553477-90027-44  
F97000002738

**Directors**

V. Paul Unruh  
Robert W. Dove

**Officers**

V. Paul Unruh	President
Robert W. Dove	Vice President
Bernard Fried	Vice President and Treasurer
Patricia N. Chui	Controller
Barbara Zielinska	Secretary
Mike Bailey	Assistant Secretary
Peter J. Arnone	Assistant Treasurer
Michael E. Martello	Assistant Controller