## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9800000957 May 04, 2000 8:00 am Secretary of State 1. Entity Name PANDA-FI ORIDA POWER CORPORATION 05-04-2000 90155 009 \*\*\*150.00 Mailing Address Principal Place of Business 4100 SPRING VALLEY ROAD, STE 1001 4100 SPRING VALLEY ROAD, STE 1001 DALLAS TX 75244 DALLAS TX 75244-3646 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 75-2727939 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 8. 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE ☐ Change ☐ Addition NAME LINDLOFF, DAROL NAME STREET ADDRESS STREET ADDRESS 4100 SPRING VALLEY RD, STE 1001 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX ☐ Addition ☐ Delete TIT) F ☐ Change TITLE NAME NAME CARTER, JANICE STREET ADDRESS STREET ADDRESS 4100 SPRING VALLEY RD, STE 1001 CITY-ST-ZIP à CITY-ST-ZIP DALLAS TX ☐ Change Addition TITLE Delete TITLE NAME CARTER, ROBERT W NAME STREET ADDRESS STREET ADDRESS 4100 SPRING VALLEY RD, STE 1001 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX ☐ Change ☐ Addition ☐ Delete TITLE

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

NAME

TITLE

NAME

☐ Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAMÉ

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NORDLUND, WILLIAM C

DALLAS TX

RIZZIERI, L S

DALLAS TX

URBAN, BRYAN J

4100 SPRING VALLEY RD, STE 1001

4100 SPRING VALLEY RD, STE 1001

4100 SPRING VALLEY RD, STE 1001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert II. Carter

4-28-00

972-980-7159

Addition

☐ Addition

Date

Daytime Phone #

Change

Change