


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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90020 027 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F98000001833</b>			
1. Corporation Name <b>STOCKTON COGEN (I), INC.</b>			
Principal Place of Business <b>7201 HAMILTON BLVD. ALLENTOWN PA 18195</b>		Mailing Address <b>7201 HAMILTON BLVD. ALLENTOWN PA 18195</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>		Zip <b>29</b>	
Country <b>25</b>		Country <b>30</b>	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	DS	<input checked="" type="checkbox"/> DELETE	
NAME	AGGER, JAMES H		
STREET ADDRESS	7201 HAMILTON BLVD.		
CITY-ST-ZIP	ALLENTOWN PA 18195		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	KAPLAN, ARNOLD H		
STREET ADDRESS	7201 HAMILTON BLVD.		
CITY-ST-ZIP	ALLENTOWN PA 18195		
TITLE	P	<input checked="" type="checkbox"/> DELETE	
NAME	SUTTON, C.J.		
STREET ADDRESS	7201 HAMILTON BLVD.		
CITY-ST-ZIP	ALLENTOWN PA 18195		
TITLE	V	<input checked="" type="checkbox"/> DELETE	
NAME	CONLEY, ROBERT D		
STREET ADDRESS	7201 HAMILTON BLVD.		
CITY-ST-ZIP	ALLENTOWN PA 18195		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	DALEY, LEO J		
STREET ADDRESS	7201 HAMILTON BLVD.		
CITY-ST-ZIP	ALLENTOWN PA 18195		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

SIGNATURE: \_\_\_\_\_

David H. Green

4/9/99

610-481-4027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4175764-90020-2  
F98000001833

**Stockton CoGen (I), Inc.**

7201 Hamilton Blvd.  
Allentown, PA 18195-1501

**Officers**

John E. McGlade  
Douglass S. Lubbers  
Marshall L. Sullivan  
Kenneth R. Petrini  
W. Douglas Brown  
Carlos A. Almeida  
John J. Armstrong, III  
Charles A. Bowes, Jr.  
Nancy S. Choy  
Karen G. Wright  
John C. Evans  
David H. Green

President  
Vice President  
Vice President and Treasurer  
Vice President  
Secretary  
Controller  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary  
Assistant Treasurer  
Assistant Treasurer

**Directors**

W. Douglas Brown  
Leo J. Daley