## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 03, 2000 8:00 am Secretary of State DOCUMENT # **F98000001833** STOCKTON COGEN (I), INC. 04-03-2000 90200 040 \*\*\*150.00 Mailing Address Principal Place of Business 7201 HAMILTON BLVD. 7201 HAMILTON BLVD. **ALLENTOWN PA 18195-1526** ALLENTOWN PA 18195 2. Principal Place of Business ... 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-2482748 Not Applicable Country Zip Country \$8.75 Additional 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 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS 12. 11, Director ☐ Addition Delete TITLE TITLE DALEY, LEO J NAME NAME STREET ADDRESS 7201 HAMILTON BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP allentown pa 18195 Change X Addition Assistant Treasurer ☐ Delete TITLE NAME David H. Green STREET ADDRESS STREET ADDRESS 7201 Hamilton Blvd. CITY-ST-ZIP CITY-ST-ZIP <u> Allentown, PA 18195</u> ☐ Delete TITLE Vice President [] Change X Addition TITI F NAME Kenneth R. Petrini NAME STREET ADDRESS STREET ADDRESS 7201 Hamilton Blvd. CITY-ST-Z!P CITY-ST-ZIP Allentown, PA 18195 TITLE Director/Secretary ☐ Change X Addition ☐ Delete TITLE NAME W. Douglas Brown NAME STREET ADDRESS 7201 Hamilton Blvd. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Allentown, PA 18195 ☐ Change X Addition ☐ Delete TITLE President TITLE NAME John E. McGlade NAME STREET ADDRESS 7201 Hamilton Blvd. STREET ADORESS CITY-ST-ZIP Allentown, PA 18195 CITY-ST-ZIP Delete ☐ Change Addition 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 supplies ental 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 received or fustee empowers it to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the received changed, or on an attachment er like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

Dävid≻H. Green SIGNATURE A ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00

610-481-7598

Daytime Phone #