

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90021 020 ***150.00

DOCUMENT # F98000004375

1. Corporation Name
SEMPRA ENERGY TRADING CORP.



Principal Place of Business
ONE GREENWICH PLAZA
GREENWICH CT 06830

Mailing Address
ONE GREENWICH PLAZA
GREENWICH CT 06830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1998

2. Principal Place of Business

21 58 Commerce Road

2a. Mailing Address

26 58 Commerce Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 STAMFORD CT

City & State

28 STAMFORD CT

Zip

24 06902 25

Country

Zip

29 06902 30

Country

4. FEI Number

13-3653551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	MESSER, DAVID A	ONE GREENWICH PLAZA	GREENWICH CT 06830	
V	PETERSON, CARL E	ONE GREENWICH PLAZA	GREENWICH CT 06830	
S	GOLDSTEIN, MICHAEL A	ONE GREENWICH PLAZA	GREENWICH CT 06830	
D	PRINCE, STEVEN J	ONE GREENWICH PLAZA	GREENWICH CT 06830	
D	BAUM, STEPHEN	101 ASH STREET	SAN DIEGO CA 92101	
D	FARMAN, RICHARD	555 WEST 5TH STREET	LOS ANGELES CA 90013	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		58 Commerce Road	STAMFORD, CT. 06902	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		58 Commerce Road	STAMFORD, CT. 06902	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		58 Commerce Road	STAMFORD, CT. 06902	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		58 Commerce Road	STAMFORD, CT. 06902	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		58 Commerce Road	STAMFORD, CT. 06902	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		CFO Ralph Todaro	58 Commerce Road STAMFORD, CT. 06902	

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

SIGNATURE: [Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-99 Date (203) 355-5651 Daytime Phone #

CR2E034 (11/98)