

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006403

1. Entity Name

CONECTIV ENERGY SUPPLY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90168 018 ***150.00

Principal Place of Business

Mailing Address

800 KING ST.
P.O. BOX 231
WILMINGTON DE 19899-0231

800 KING ST.
P.O. BOX 231
WILMINGTON DE 19899-0231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-1984748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	COSGROVE, HOWARD E.	
STREET ADDRESS	800 KING ST.	
CITY-ST-ZIP	WILMINGTON DE 19899-0231	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SHAW, THOMAS S	
STREET ADDRESS	800 KING ST.	
CITY-ST-ZIP	WILMINGTON DE 19899-0231	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELSON, BARRY R	
STREET ADDRESS	252 CHAPMAN RD.	
CITY-ST-ZIP	NEWARK DE 19714	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GRAHAM, BARBARA S	
STREET ADDRESS	800 KING ST.	
CITY-ST-ZIP	WILMINGTON DE 19899-0231	
TITLE	S	<input type="checkbox"/> Delete
NAME	DONOGHUE, MOIRA K	
STREET ADDRESS	800 KING ST.	
CITY-ST-ZIP	WILMINGTON DE 19899-0231	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WALTERS, LOUIS M	
STREET ADDRESS	800 KING ST.	
CITY-ST-ZIP	WILMINGTON DE 19899-0231	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT + TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REESE, PHILIP S.	
STREET ADDRESS	800 KING STREET	
CITY-ST-ZIP	WILMINGTON, DE 19899-0231	

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.

SIGNATURE: Philip S. Reese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 (302) 429-3433
Date Daytime Phone #

CR2E034 (9/99)