

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91429 039 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

90111912



CHECK HERE IF MAKING CHANGES

DOCUMENT # F98000006403					
1. Entity Name CONECTIV ENERGY SUPPLY, INC.					
Principal Place of Business 800 KING ST. P.O. BOX 231 WILMINGTON, DE 19899-0231		Mailing Address 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		4. FEI Number 23-1984748	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number Is Not Acceptable)			Street Address (P.O. Box Number Is Not Acceptable)		
City			City		
FL			FL		
Zip Code			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00. <small>After May 1, 2003 Fee will be \$550.00</small> Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	As Nina J. Clements	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSGROVE, HOWARD E		NAME	800 King St.	
STREET ADDRESS	800 KING ST.		STREET ADDRESS	Wilmington, DC 19899-0231	
CITY-ST-ZIP	WILMINGTON, DE 198990231		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	CEO/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, THOMAS S		NAME		
STREET ADDRESS	800 KING ST.		STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON, DE 198990231		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, WILLIAM H		NAME		
STREET ADDRESS	800 KING ST		STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON, DE 198990231		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, BARBARA S		NAME		
STREET ADDRESS	800 KING ST.		STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON, DE 198990231		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary Ellen Sheriff Rogers	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, PETER F		NAME	701 Ninth St. NW	
STREET ADDRESS	800 KING ST.		STREET ADDRESS	Washington, DC 20068	
CITY-ST-ZIP	WILMINGTON, DE 198990231		CITY-ST-ZIP		
TITLE	VPT	<input checked="" type="checkbox"/> Delete	TITLE	VPT Anthony J. Kamerick	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REESE, PHILLIP S.		NAME	701 Ninth St. NW	
STREET ADDRESS	800 KING STREET		STREET ADDRESS	Washington, DC 20068	
CITY-ST-ZIP	WILMINGTON, DE 198990231		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Nina J. Clements</i>		Date: <i>4/23/03</i>		Daytime Phone #: <i>302-429-3746</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E034 (10/02)