2000 UNIFORM BUSINESS REPORT (UBR)

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

FILED DOCUMENT # F9900004389 Jan 28, 2000 8:00 am Secretary of State SIEMENS WESTINGHOUSE GENERATION SERVICES COMPANY 01-28-2000 90171 030 ***150.00 Mailing Address Principal Place of Business 4400 ALAFAYA TRAIL 4400 ALAFAYA TRAIL ORLANDO FL 32826-2398 ORLANDO FL 32826 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 11. 12. AS Change **K** KAddition ☐ Delete TITLE TITLE CHRISTOPHER, TOM George Pompetzki NAME NAME 4400 ALAFAYA TRAIL STREET ADDRESS 1301 6th Avenue STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32826 New York, NY 10019 ☐ Addition ☐ Change ☐ Delete TITLE ARTINGER, RONALD NAME NAME STREET ADDRESS 4400 ALAFAYA TRAIL STREET ADDRESS ORLANDO FL 32826 CITY-ST-ZIP CITY-ST-ZIP VD ☐ Change Addition ☐ Delete TITLE TITLE ~ WARE, DOUG NAME NAME STREET ADDRESS 4400 ALAFAYA TRAIL STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32826 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE BROWN, SUSAN NAME NAME 4400 ALAFAYA TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32826 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE FLYNN, CHRIS NAME NAME STREET ADDRESS 4400 ALAFAYA TRAIL STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ORLANDO FL 32826 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

전向 Ass't Secretary

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Daytime Phone #