

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

03-10-2002 90771 001 ***300.00

DOCUMENT # F99000004410

1. Entity Name
AQUILA GENERATION SERVICES-PASCO, INC.

Principal Place of Business C/O AQUILA EAST COAST GENERATION, INC. 20 WATERVIEW BLVD. PARSIPPANY NJ 07054	Mailing Address C/O AQUILA EAST COAST GENERATION, INC. 20 WATERVIEW BLVD. PARSIPPANY NJ 07054
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		22-3648259		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip		Zip		Country			
		64105		USA			

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD GREEN, ROBERT 1100 WALNUT STREET, SUITE 3300 KANSAS CITY MO 64106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Sara L. Henning 20 W. 9th Street Kansas City, MO 64105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD STAMM, KEITH G 1100 WALNUT STREET, SUITE 3300 KANSAS CITY MO 64106 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert K. Green - CEO 20 W. 9th Street Kansas City, MO 64105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO MILLS, EDWARD K 1100 WALNUT STREET, SUITE 3300 KANSAS CITY MO 64106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mills, Edward K - Director 1100 Walnut, Suite 3300 Kansas City, MO 64106 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS AYERS, JEFFREY D 1100 WALNUT STREET, SUITE 3300 KANSAS CITY MO 64106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeff Ayers - Secretary 1100 Walnut, Suite 3300 Kansas City, MO 64106 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOT STREEK, DANIEL J 1100 WALNUT STREET, SUITE 3300 KANSAS CITY MO 64106 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Daniel J. Streek Treasurer 1100 Walnut, Suite 3300 Kansas City, MO 64106 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COSTANZA, FRANK B 1100 WALNUT STREET, SUITE 3300 KANSAS CITY MO 64106 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior VP Bradford T. Nordholm 1100 Walnut, Suite 3300 Kansas City, MO 64106 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Sara L. Henning **Sara L. Henning, Asst. Secy.** 1/29/02 816-467-3384
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)