

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/3


FILED

03 APR 29 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

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 20 W 9TH STREET KANSAS CITY MO 64105	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
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 Corporation Service Company	
		Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
		City Tallahassee	
		Zip Code FL 32301	
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 <i>Judith S. Blancett</i>		Judith S. Blancett as its agent	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE		4/29/2003	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO GREEN, ROBERT 20 W 9TH STREET KANSAS CITY MO 64105 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See attached list
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HENNING, SARA L 20 W 9TH STREET KANSAS CITY MO 64105 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, EDWARD K 1100 WALNUT STREET, SUITE 3300 KANSAS CITY MO 64106 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900017310759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AYERS, JEFFREY D 1100 WALNUT STREET, SUITE 3300 KANSAS CITY MO 64106 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STREEK, DANIEL J 1100 WALNUT STREET, SUITE 3300 KANSAS CITY MO 64106 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV NORDHOLM, BRADFORD T 1100 WALNUT STREET, SUITE 3300 KANSAS CITY MO 64106 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Sara L. Henning

REQUIRED

Sara L. Henning, Secretary

4-25-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Directors and Officers Report

Aquila Generation Services-Pasco, Inc.

DIRECTORS

Michael G. Jonagan **Director**
Primary Address: 20 W. 9th Street
Kansas City, MO 64105

OFFICERS

Michael G. Jonagan **President**
Primary Address: 20 W. 9th Street
Kansas City, MO 64105

Sara L. Henning **Secretary**
Primary Address: 20 W. 9th Street
Kansas City, MO 64105

Timothy M. Spear	Assistant Secretary
Primary Address:	20 W. 9th Street Kansas City, MO 64105

Brogan T. Sullivan **Assistant Secretary**
Primary Address: 20 W. 9th Street
Kansas City, MO 64105

Randal P. Miller	Treasurer
Primary Address:	20 W. 9th Street Kansas City, MO 64105

Joseph L. Gocke **Assistant Treasurer**
Primary Address: 20 W. 9th Street
Kansas City, MO 64105



CORPORATION SERVICE COMPANY™

3/3

ACCOUNT NO. : 072100000032

REFERENCE : 071245 4350171

AUTHORIZATION :

Patricia Pizit

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2003

ORDER TIME : 10:49 AM

ORDER NO. : 071245-035

CUSTOMER NO: 4350171

CUSTOMER: Ms. Beth Van De Vyvere
Aquila, Inc.
20 West Ninth Street
Mail Stop 3-122
Kansas City, MO 64105

ANNUAL REPORT FILING

NAME: AQUILA GENERATION SERVICES-
PASCO, INC.

RECEIVED
03 APR 29 PM 12:07
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 1155

EXAMINER'S INITIALS: _____