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1995 MAY -1 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G64957** **(5)**

1. Corporation Name
TEC COGENERATION INC.

Principal Place of Business	Mailing Address
81 WYMAN STREET WALTHAM MA 02254	P.O. BOX 9046 WALTHAM MA 02254

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/13/1983**
3a. Date of Last Report: **11/22/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **04-2850296** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	PATEL, PARIMAL S	12 NAME	
STREET ADDRESS	81 WYMAN ST	13 STREET ADDRESS	
CITY-ST-ZIP	WALTHAM MA	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	800001490108 Addition
NAME	WALLENSTEIN, ARNOLD R	22 NAME	-05/17/95 --01159 --014
STREET ADDRESS	81 WYMAN STREET	23 STREET ADDRESS	****200.00 ****200.00
CITY-ST-ZIP	WALTHAM MA	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	HOLT, BRIAN D	32 NAME	
STREET ADDRESS	81 WYMAN STREET	33 STREET ADDRESS	
CITY-ST-ZIP	WALTHAM MA	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	FINI, ROBERT R	42 NAME	
STREET ADDRESS	81 WYMAN STREET	43 STREET ADDRESS	
CITY-ST-ZIP	WALTHAM MA	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	GENT, FLOYD	52 NAME	
STREET ADDRESS	81 WYMAN STREET	53 STREET ADDRESS	
CITY-ST-ZIP	WALTHAM MA	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	HORNSTRA, PETER	62 NAME	99A
STREET ADDRESS	81 WYMAN ST	63 STREET ADDRESS	
CITY-ST-ZIP	WALTHAM MA	64 CITY-ST-ZIP	5-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter Hornstra 4/20/95 (617) 622-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481400 FN