2001 UNIFORM BUSINESS REPORT (UBR) May 04, 2001 8:00 am Secretary of State **DOCUMENT # J74330** TECO POWER SERVICES CORPORATION 05-04-2001 90075 012 ***150.00 Principal Place of Business Mailing Address C/O D. E. SCHWARTZ C/O D. E. SCHWARTZ 702 N. FRANKLIN ST. P. O. BOX 111 TAMPA FL 33602-4418 TAMPA FL 33601-0111 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-28 168 17 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCDEVITT, S M Street Address (P.O. Box Number is Not Acceptable) 702 N FRANKLIN ST **TAMPA FL 33602** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE SCHWARTZ, D. E. NAME NAME STREET ADDRESS 702 N. FRANKLIN STREET STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-ZIP PD TITLE ☐ Delete TITLE Change LUDWIG, R.E. NAME NAME 702 N. FRANKLIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33602** CITY-ST-ZIP TITLE ☐ Delete TITLE Change JENNINGS, G. D (JR) NAME NAME

☐ Addition ☐ Addition ☐ Addition STREET ADDRESS 702 N FRANKLIN ST STREET ADDRESS CITY-ST-ZIP TAMPA FL 33602 CITY-ST-ZIP TITLE Delete Change Addition NAME GILLETTE, G. L. STREET ADDRESS 702 N. FRANKLIN ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 Delete TITLE Change Addition NAME . MILLER, L A NAME STREET ADDRESS STREET ADDRESS 702 N FRANKLIN ST CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** TITLE ☐ Delete TITLE Change **Addition** Fagan, R.D. 702 North Franklin Street NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tampa PL 33602

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 an address, with all other like empowered.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

R.E. Ludwig

April 27, 2001

813-228-1111

Daytime Phone #

CHZE034 (10/00