

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90204 010 \*\*\*\*50.00

0044808

**DOCUMENT # L00000010346**

1. Entity Name

**ORION ATLANTIC LLC**

Principal Place of Business

C/O ORION POWER HOLDINGS, INC.  
 7 EAST REDWOOD ST., 10TH FLOOR  
 BALTIMORE MD 21202

Mailing Address

C/O ORION POWER HOLDINGS, INC.  
 7 EAST REDWOOD ST., 10TH FLOOR  
 BALTIMORE MD 21202

2. Principal Place of Business

*1111 Louisiana Street*

Suite, Apt. #, etc.

*Houston*

City & State

*Texas*

Zip

*77002*

Country

*USA*

3. Mailing Address

*1111 Louisiana Street*

Suite, Apt. #, etc.

*Houston Texas*

Zip

*77002*

Country

*USA*



DO NOT WRITE IN THIS SPACE

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete  
 NAME **CPV ATLANTIC INC**  
 STREET ADDRESS **8401 COLESVILLE RD., SUITE 504**  
 CITY-ST-ZIP **SILVER SPRINGS MD 20910**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition  
 NAME *Orion Power Atlantic Inc*  
 STREET ADDRESS *1111 Louisiana Street*  
 CITY-ST-ZIP *Houston Texas 77002*

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*[Signature]*

*4/25/2002*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)