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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L36575

1. Corporation Name

EVERGREEN ENERGY CORPORATION

Principal Place	of Business	Mailing Address							ALBIT BIO	/AI 01011 1001
200 E. HWY 32		P.O. BOX 1600								
LEBANON MO 65536 LEBANON MO 65536		36			DO NOT INDITE IN					
บร						DO NOT WRIT	E IN THIS S	SPACE	<u>:</u>	
						3. Date Incorporated or Qualifed 12/13/1989				
2. Principal Pl	ace of Business	2a. Mailing Addres				4. FEI Number			Appl	lied For
21		26	_			65-0169214			Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired				Iditional	
22		27	27			S. Continued of Classic Desired			e Req	
City & State		City & State	City & State			6. Election Campaign Financing	sing \$5.00 May Be Added to Fees			
23		28				Trust Fund Contribution			ded to	rees
Zip	Country	Zip		untry		8. This corporation owes the curre		ngible □ Yes		KNo
24	25	29	30	_		Personal Property Tax. 10. Name and Address of New R				1110
-	9. Name and Address of Curr	ent Registered Agent		81	Name	ID. Name and Address of New A	cyloteteu F	gone		
BUC	HBINDER & ELEGANT PA									
,	.W. 1ST STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptal	ble)			
	E 400			83						
Í	AI FL 33130							.,		
				84	City		FL	85	Zip Co	ode
44 0	to the provision of Sections 607.0	502 and 607 1509. Florida	Statutes the	l	a-named corno	pration submits this statement for the	nurnose of o	hangir	na its re	egistered
office or n	adistared agent or both in the Sta	te of Florida. Such change	e was authorize	ea ov i	tne corporatio	n's board of directors. I hereby accep	the appoin	tment	as regi	stered
agent. I a	n familiar with, and accept the obli	gations of, Section 607.05	505, Florida Stai	iuies.	•					
SIGNATURE	Signature, typed or printed name of registered a	ment and title if applicable	(NOTE Registere	d Agent	t signature required	when reinstating)	DATE	-		—— \
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRE	CTOR	S IN 12
TITLE	CD	☐ DEL	ETE 1.1T	TITLE	· · · · · · · · · · · · · · · · · · ·			☐ Cha		☐ Addition
NAME	PLASTER, ROBERT W.		1.2 N	AME						ł
STREET ADDRESS	4111 S OCEAN DRIVE		1.3 S	TREET	ADDRESS					
CITY-ST-ZIP	HIGHLAND BEACH FL 33487	,								}
TITLE	DP		1.4 0	CITY-ST	T-ZIP					
NAME	PLASTER, STEPHEN R.	DEL		CITY-ST	T- ZIP			Cha	 ange	Addition
STREET ADDRESS			LÉTE 2.1 T		T- ZIP			Cha	 ange	Addition
l l	200 E HWY 32		LÉTE 2.1 T	TITLE NAME	T-ZIP ADDRESS			Cha	 ange	Addition
CITY-ST-ZIP	·,		LETE 2.1 T 2.2 N 2.3 S	TITLE NAME	ADDRESS					
CITY-ST-ZIP TITLE	200 E HWY 32		LETE 2.1 T 2.2 N 2.3 S 2.4 (TITLE NAME STREET	ADDRESS			□ Cha		Addition
 	200 E HWY 32 LEBANON MO	□ DEI	2.1 T 22 N 2.3 S 2.4 G 3.1 T	TITLE NAME STREET CITY-S	ADDRESS					
TITLE	200 E HWY 32 LEBANON MO VST	□ DEI	2.1 T 22 N 2.3 S 2.4 C ETE 3.1 T 3.2 N	TITLE NAME STREET CITY-S' TITLE NAME	ADDRESS					
TITLE NAME	200 E HWY 32 LEBANON MO VST WEIS, LARRY	□ DEI	2.1T 2.2N 2.3S 2.40 3.1T 3.2N 3.3S	TITLE NAME STREET CITY-S' TITLE NAME	ADDRESS T-ZIP			☐ Chr	ange	Addition
TITLE NAME STREET ADDRESS	200 E HWY 32 LEBANON MO VST WEIS, LARRY 200 E HWY 32	□ DEI	21T 22N 23S 2.4(LETE 3.1T 32N 33S 34.6	TITLE STREET CITY-S TITLE VAME	ADDRESS T-ZIP				ange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 E HWY 32 LEBANON MO VST WEIS, LARRY 200 E HWY 32 LEBANON MO	□ DEI	2.1T 22N 2.3S 2.4(2.5TE 3.1T 32N 3.3S 3.4.(2.5TE 4.1T	TITLE VAME STREET CITY-S' TITLE VAME STREET CITY-S'	ADDRESS T-ZIP			☐ Chr	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	200 E HWY 32 LEBANON MO VST WEIS, LARRY 200 E HWY 32 LEBANON MO D	□ DEI	2.1T 22N 2.3S 2.44 3.1T 3.2N 3.3S 3.4.0 4.2T 4.2T	NAME STREET CITY-S TITLE VAME STREET CITY-S TITLE NAME	ADDRESS T-ZIP			☐ Chr	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	200 E HWY 32 LEBANON MO VST WEIS, LARRY 200 E HWY 32 LEBANON MO D WEIS, LARRY	□ DEI	.ETE 2.1T 22N 2.3S 2.4(.ETE 3.1T 3.2N 3.3S 3.4.(.ETE 4.1T 4.21 4.3S 4.40	TITLE NAME STREET CITY-S TITLE STREET CITY-S TITLE NAME	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS			□ Chi	ange ange	Addition
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14. 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 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, 90 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP