

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 25, 2002 8:00 am**  
**Secretary of State**

09-25-2002 90115 006 \*\*\*\*50.00

**DOCUMENT # M00000000817**

1. Entity Name

CINERGY EPCOM, LLC

Principal Place of Business

139 EAST FOURTH STREET  
CINCINNATI OH 45202

Mailing Address

139 EAST FOURTH STREET  
CINCINNATI OH 45202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM CYRUS, MICHAEL J CINERGY SOLUTIONS HOLDING, 139 E FOURTH ST CINCINNATI OH 45202	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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 REQUIRED**

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

Date

Daytime Phone #

9/20/02

513-419-5151

CR2E083 (4/02)

Attachment

87-3590

#M00000000817

Cinergy Corp.  
139 East Fourth Street  
P.O. Box 960  
Cincinnati, OH 45201-0960  
Tel 513.287.2826  
Fax 513.287.2083

**DAVID N. LLOYD**  
Corporate Secretarial

**CINERGY**

September 20, 2002

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

Enclosed for filing with your office is the Florida Department of State Division of Corporations 2002 Uniform Business Report for Cinergy Solutions of Boca Raton, LLC and Cinergy Epcom, LLC. Our remittance in the total amount of \$100.00 (\$50.00 for each company) is also enclosed.

Please stamp the copy of this letter as an acknowledgment of receipt and filing, and return in the envelope provided.

Sincerely,

*David N. Lloyd*

David N. Lloyd

Enclosures