

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90131 047 \*\*\*\*50.00

**DOCUMENT # M00000001857**

1. Entity Name

**EP POWER FINANCE, L.L.C.**

Principal Place of Business

**1001 LOUISIANA ST.  
 HOUSTON TX 77002**

Mailing Address

**1001 LOUISIANA ST.  
 HOUSTON TX 77002**

2. Principal Place of Business

**1001 Louisiana St.**

3. Mailing Address

**P.O. Box 2511**

Suite, Apt. #, etc.

**ATTN: Corporate Tax**

Suite, Apt. #, etc.

**ATTN: Corporate Tax**

City & State

**Houston, TX**

City & State

**Houston, TX**

Zip

**77002**

Country

**USA**

Zip

**77002-2511**

Country

**USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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 **MEM**  
 NAME **EL PASO MERCHANT ENERGY COMPANY** ☒ Delete  
 STREET ADDRESS **1001 LOUISIANA ST.**  
 CITY-ST-ZIP **HOUSTON TX 77002**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Member**  
 NAME **El Paso Merchant Energy North America** ☐ Change ☒ Addition  
 STREET ADDRESS **1001 Louisiana St.**  
 CITY-ST-ZIP **Houston, TX 77002** **Company**

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

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

CR2E083 (9/01)

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:

**Donna R. Holland**

**4/29/02 (713) 420-2600**

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

Date

Daytime Phone #