2001	UNIFORM BUS	INESS REPO	ORT (UB	R)				
DOCUMENT # M0000002524 1. Entity Name AFFILIATED POWER PURCHASERS INTERNATIONAL, LLC					FILED			
					01 APR 27 PM 6: 33			
					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of	f Business	Mailing Address		1	ALLAHASSEE.	FLORIDA		
2. Principal Place 2129 North Suite, Apt. #, 6	hwood Drive	3. Mailing Address 2129 North w Suite, Apt. #, etc.	ood Drive		DO NOT WR	TE IN THIS SPACE	MJH	
City & State		City & State		4. FEI N	lumber	A	pplied For	
Salisbur	y, Maryland	Salisbury,	Nary land	52-	-2270096	\$5.00 Ad	ot Applicable	
21801	USA	21801	USA		ficate of Status Desired	Fee Require		
	6. Name and Address of Current	Registered Agent	Name		and Address of New F	Registered Agent		
			Name Unr Street / 920	ted Corpor Address (P.O. Box N O.S. Dade C	ate Sérvice umber is Not Acceptable Ind Blvd., Su	te 15		
			City	ioni		FL Zip Cod		
8. The above nar	med entity submits this statement for	or the purpose of changing its	registered office of	r registered agent,	or both, in the State of Flo			
SIGNATURE	nature, typed or printed name of registered agent	and title if applicable. (NO	E: Registered Agent signa	ture required when reinstati	ng)	DATE		
	•		OW!!! FEE IS		-05/16	220 788 -	8- 006	
9.	MANAGING MEMP	ERS/MEMBERS	10.		未未未来 ADDITIONS		10,00	
TITLE	WANAGING MEME	MANAGING MEMBERS/MEMBERS			President and CEO Change Add			
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	Walter W. N 2129 North Salisbury, 1	Noore Nood Drive MD 21801		7	
TITLE		☐ Delete	TITLE	Senior VP an	d Treasurer	☐ Change	Addition 8	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	2129 North	avid V. Downes 2129 Northwood Drive alisbury, MD 21801				
TITLE		☐ Delete	TITLE	Senior UP ar	d Socretary	☐ Change	☒ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		-	NAME STREET ADDRESS CITY-ST-ZIP	George E. C 2129 North Salisbury,	bod Drive	•		
TITLE		☐ Delete	TITLE	Social VP		☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	Michael L. 1 32 Waterloo	Street			
CITY-ST-ZIP			CITY-ST-ZIP	warrenton,	VA 20186	F7.05	- Addition	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP TITLE		☐ Delete	TITLE	<u> </u>		☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
indicated on	ify that the information supplied with this report is true and accurate and y company or the receiver or truste	i that my signature shall have	: the same legal eπe	ect as it made under	roath, that i am a manay	I further certify that the inging member or manage	nformation er of the	
SIGNATU	RE: MALE	SIGNING MANAGING MEMBER MA	AGER OR ATTHEODISE	O REPRESENTATIVE	4/25/01	(410) 749-550 Daytime Phone #	7	
Si	CHAIGNE AND ITTED OR PRINTED NAME C	" SIGNAG MANAGING MEMBER, MA	HOLD, OR AUITORIE	RESERVATIVE	Paie	payano i none		