

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001024

Entity Name: MITSUI BABCOCK (US) LLC

FILED
Jan 09, 2004
Secretary of State

Current Principal Place of Business:

CORPORATION TRUST CENTER
1209 ORANGE ST.
WILMINGTON, DE 19801

New Principal Place of Business:

Current Mailing Address:

1050 CROWN POINT PKWY
SUITE 1200
ATLANTA, GA 30338

New Mailing Address:

FEI Number: 98-0213729 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LEFEBURE, BARBARA
Address: 1050 CROWN POINTE PKWY, SUITE 1200
City-St-Zip: ATLANTA, GA 30338

Title: MGRM () Delete
Name: MITSUI BABCOCK ENERG, Y LIMITED
Address: 1050 CROWN POINTE PKWY, SUITE 1200
City-St-Zip: ATLANTA, GA 30338

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEFEBVRE, BARBARA
Address: 1050 CROWN POINTE PKWY, SUITE 1200
City-St-Zip: ATLANTA, GA 30338

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BARBARA LEFEBVRE MGR 01/09/2004

_____ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date