

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001024

FILED  
Jan 09, 2004  
Secretary of State

Entity Name: MITSUI BABCOCK (US) LLC

**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