2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2004
Secretary of State

DOCUMENT# M02000001804

Entity Name: ALLIANT ENERGY INTEGRATED SERVICES-ENERGY SOLUTIONS LLC

Current Principal Place of Business:

4902 N. BILTMORE LANE
MADISON, WI 537182132

New Principal Place of Business:

Current Mailing Address:

4902 N. BILTMORE LANE
MADISON, WI 537182132

New Mailing Address:

FEI Number: 77-0589447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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 (X) Delete
Name: STEINHOFF, JOHN T
Address: 4902 N. BILTMORE LANE
City-St-Zip: MADISON, WI 537182132

Title: MGR ( ) Delete
Name: CASTINE, CHARLES
Address: 200 FIRST ST SE
City-St-Zip: CEDAR RAPIDS, IA 52401

Title: MGR ( ) Delete
Name: GENIN, GREGORY A
Address: 4902 N. BILTMORE LANE
City-St-Zip: MADISON, WI 537182132

ADDITIONS/CHANGES:

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

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

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: GREGORY A. GENIN MANA 03/02/2004

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