

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000005956**

1. Entity Name

U.S. OPERATING SERVICES HOLDINGS, LLC



Principal Place of Business

9405 ARROWPOINT BLVD.  
CHARLOTTE, NC 28273

Mailing Address

9405 ARROWPOINT BLVD.  
CHARLOTTE, NC 28273



02152006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
94-3096158

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COGENTRIX POWER HOLDINGS I, LLC
STREET ADDRESS	9405 ARROWPOINT BLVD.
CITY- ST- ZIP	CHARLOTTE, NC 28273

TITLE	
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000000496379  
04/22/06-80011-010 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

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

498

April 5, 2006 (704) 525-3800

Date

Daytime Phone #

Thomas J. Bonnar