

2001 UNIFORM BUSINESS REPORT (UBR)

0027240 AF

DOCUMENT # M98000001062

1. Entity Name

TRIGEN-CINERGY SOLUTIONS OF ORLANDO LLC

FILED

01 APR 12 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

139 EAST FOURTH STREET
CINCINNATI OH 45202

Mailing Address

139 EAST FOURTH STREET
CINCINNATI OH 45202



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1612973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR INGLE, DONALD B JR
STREET ADDRESS 139 EAST FOURTH STREET
CITY-ST-ZIP CINCINNATI OH 45202 ☐ Delete

TITLE NAME MGR KESSEL, RICHARD E
STREET ADDRESS ONE WATER STREET
CITY-ST-ZIP WHITE PLAINS NY 10601 ☐ Delete

TITLE NAME MGR ROGERS, JAMES E
STREET ADDRESS 139 EAST FOURTH STREET
CITY-ST-ZIP CINCINNATI OH 45202 ☐ Delete

TITLE NAME MGR WINGER, CHARLES J
STREET ADDRESS 139 EAST FOURTH STREET
CITY-ST-ZIP CINCINNATI OH 45202 ☒ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME Mgr. M. Stephen Harkness
STREET ADDRESS 1000 East Main Street
CITY-ST-ZIP Plainfield, IN 46168 ☐ Change ☒ Addition

TITLE NAME Mgr. Jean M. Malahieude
STREET ADDRESS One Water Street
CITY-ST-ZIP White Plains, NY 10601 ☐ Change ☒ Addition

TITLE NAME Mgr. Steven G. Smith
STREET ADDRESS One Water Street
CITY-ST-ZIP White Plains, NY 10601 ☐ Change ☒ Addition

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400004036484-2
CITY-ST-ZIP -04/20/01--01111--011
*****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)