

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED APR 20 PM 5:00 SECRETARY OF STATE	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000001382 TRIGEN-CINERGY SOLUTIONS OF BOCA RATON, LI C 139 EAST FOURTH STREET CINCINNATI OH 45202		1a. Principal Place of Business Address 139 EAST FOURTH STREET CINCINNATI OH 45202			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 11/23/1998 3a. State of Formation DE 4. FEI Number 13-4031006 ☐ Applied For ☐ Not Applicable 5. Date of Last Report 6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 700002853117--9 -04/27/99--01052--002 ****377.50 ****188.75 FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when appointing)				DATE _____	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	CASTEN, THOMAS R	ONE WATER STREET		WHITE PLAINS NY	
MGR	INGLE, DONALD B JR.	139 EAST FOURTH STREET		CINCINNATI OH	
MGR	KESSEL, RICHARD E	ONE WATER STREET		WHITE PLAINS NY	
MGR	ROGERS, JAMES E	139 EAST FOURTH STREET		CINCINNATI OH	
MGR	WEISER, MICHAEL	ONE WATER STREET		WHITE PLAINS NY	
MGR	WINGER, CHARLES J	139 EAST FOURTH STREET		CINCINNATI OH	

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Donald B. Ingle, Jr.
Donald B. Ingle, Jr.

4/8/99
513 2874153

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR MANAGER

Date

Signature Number