2001 UNIFORM BUSINESS REPORT (UBR)

0027241 AF

DOCUMENT # M98000001382

1. Entity Name

TRIGEN-CINERGY SOLUTIONS OF BOCA RATON, LLC

FILED

01 APR 12 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
139 EAST FOURTH STREET CINCINNATI OH 45202	139 EAST FOURTH STREET CINCINNATI OH 45202

DO NOT WRITE IN THIS SPACE

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 13-4031006 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR INGLE, DONALD B JR. 139 EAST FOURTH STREET CINCINNATI OH 45202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr. M. Stephen Harkness 1000 East Main Street Plainfield, IN 46168	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KESSEL, RICHARD E ONE WATER STREET WHITE PLAINS NY 10601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr. Jean M. Malahieude One Water Street White Plains, NY 10601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ROGERS, JAMES E 139 EAST FOURTH STREET CINCINNATI OH 45202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr. Steven G. Smith One Water Street White Plains, NY 10601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WINGER, CHARLES J 139 EAST FOURTH STREET CINCINNATI OH 45202	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700004036487--2 -04/20/01--01111--012 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/00)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #