2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9900001014 1. Entity Name RELIANT ENERGY OSCEOLA HOLDING CO. I, LLC						FILED OO JUN 19 PM 3: 07 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address 1111 LOUISIANA 1111 LOUISIANA									
1111 LOUISIANA 1111 LOUISIANA HOUSTON TX 77002 HOUSTON TX 77002-5230									
							.)(2)) B)2) (22)	
2. Principal Place of Business 3. Mailing Address					1				
		Outra And Hard		-					
Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			•	
City & State	e	City & State	City & State		45	Number 6/8678		pplied For at Applicable	
Zip	Country	Zip	ip Cour			ficate of Status Desired	\$5.00 Add	ditional	
	6. Name and Address of Current	Registered Agent	<u> </u>		<u> </u>	e and Address of New Registered	Fee Required	đ	
V. Trains and Automotive registers registers registers				Name .					
C T CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324									
PLANIAII	,		City		FI	Zip Code	e		
O The shave	named entity submits this statement for			ed office or register	rad sasat		<u>- </u>		
o. The above	There of the submits this statement to	or the purpose of changing it	a regiotere	a omeo or register	od agont,	or boar, in the state of French.			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	d Agent signature required	when reinstat	ing) DATE			
		Ell E M	OWILLE	EE IS \$50.00					
	•	Make Check Pa		•	f State				
	MANACING MEMO	EDC/MEMBERS	10.			ADDITIONS/CHANGE	<u> </u>		
9. MUE	MANAGING MEMBERS/MEMBERS MGR					ADDITIONS/CHANGE	Change	Addition	
NAME STREET ADDRESS	DIVINE, J. DOUGLAS			E FT ADDRESS		,			
CITY-ST-ZIP	1111 LOUISIANA HOUSTON TX 77002	,		ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					\$00003301 £39 0-□4 2 00 -06/22/0001101003 *****\$0.00 ******50.00				
IIILE	,	☐ Delete	TITLE				Change	Addition	
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STREET ADDRESS. CITY-ST-ZIP				ET ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS			NAMI Strei	ET ADDRESS					
CITY-ST-ZIP			CITY-	8T-ZIP					
TITLE NAME	Delete YIYL			l.			☐ Change	Addition	
STREET ADDRESS			\$TRE	ET ADDRESS					
CITY-8J-ZIP			_	8T- ZIP				- Appellian	
NAME E		☐ Delete	MAME				Change	Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP					
11. Thereby o	certify that the information supplied with	n this filing does not qualify fo	or the exer	notion stated in Se	ection 119.0	07(3)(i), Florida Statutes. I further ce	ertify that the in	nformation	
indicated limited lial	on this report is true and accurate and bility company or the receiver or trusted SIGNA	that my signature shall have e empoweded to execute it is	the same	legal effect as if ne required by Chap	nade unde ter 608, Flo	roath; that I am a managing membrida Statutes. APR 2 8 2000 /71	er or manage	r of the	

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGEM MEMBER OR MANAGER