

# 2001 UNIFORM BUSINESS REPORT (UBR)

0031620 AB

DOCUMENT # M99000001958

1. Entity Name

TRIGEN-CINERGY SOLUTIONS OF THE SOUTHEAST LLC

FILED

01 MAR 22 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

ONE WATER STREET  
WHITE PLAINS NY 10601

Mailing Address

ONE WATER STREET  
WHITE PLAINS NY 10601

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

13-4089128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

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 MGRM ☒ Delete  
NAME CASTEN, THOMAS R  
STREET ADDRESS ONE WATER ST.  
CITY-ST-ZIP WHITE PLAINS NY 10601

TITLE MGRM ☒ Delete  
NAME KESSEL, RICHARD E  
STREET ADDRESS ONE WATER ST.  
CITY-ST-ZIP WHITE PLAINS NY 10601

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME GORAN mornhead  
STREET ADDRESS One water street  
CITY-ST-ZIP White Plains, NY 10601

TITLE TREASURER ☐ Change ☒ Addition  
NAME Stephen T. Ward  
STREET ADDRESS ONE WATER STREET  
CITY-ST-ZIP WHITE PLAINS, NY 10601

TITLE SECRETARY ☐ Change ☒ Addition  
NAME JEROME A. VENNEMANN  
STREET ADDRESS ONE WATER STREET  
CITY-ST-ZIP WHITE PLAINS, NY 10601

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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

3/15/01  
Date

(914) 286-6600  
Daytime Phone #

CR2E083 (11/00)