

2002

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90165 005 ****50.00

DOCUMENT # **M99000001958**

1. Entity Name

TRIGEN-ENERGY SOLUTIONS OF THE SOUTHEAST LLC

DO NOT WRITE IN THIS SPACE

943848

2. Principal Place of Business
THREE BARKER AVE.
Suite, Apt. #, etc.

3. Mailing Address
THREE BARKER AVE.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WHITE PLAINS, N.Y.
Zip
10601
Country
USA

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Zip
10601
Country
USA

4. FEI Number
13-4089128
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT CORPORATION
Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
City
PLANTATION FL **33324**

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 file if applicable.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT M. STEPHEN HARKNESS THREE BARKER AVENUE WHITE PLAINS, N.Y. 10601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT JEAN M. MALAHIEU THREE BARKER AVENUE WHITE PLAINS, N.Y. 10601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY JEROME A. VENNE MANN THREE BARKER AVENUE WHITE PLAINS, N.Y. 10601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER STEPHEN T. WARD THREE BARKER AVENUE WHITE PLAINS, N.Y. 10601
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IN THIS SPACE**

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

4/8/2002 914-272-6500

Date

Daytime Phone #

CR2E083B (12/01)