

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90053 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P15293

1. Corporation Name

DYNEGY ENGINEERING, INC.

Principal Place of Business 1000 LOUISIANA SUITE 5800 HOUSTON TX 77002	Mailing Address 1000 LOUISIANA SUITE 5800 HOUSTON TX 77002
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1987

4. FEI Number

76-0202686

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible Personal
Property Tax

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARKE, JOHN U.	
STREET ADDRESS	1000 LOUISIANA SUITE 5800	
CITY - ST - ZIP	HOUSTON TX 77002	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RANDOLPH, KENNETH E.	
STREET ADDRESS	1000 LOUISIANA SUITE 5800	
CITY - ST - ZIP	HOUSTON TX 77002	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RYSER, DAN W.	
STREET ADDRESS	1000 LOUISIANA SUITE 5800	
CITY - ST - ZIP	HOUSTON TX 77002	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	RANDOLPH, KENNETH E.	
STREET ADDRESS	1000 LOUISIANA SUITE 5800	
CITY - ST - ZIP	HOUSTON TX 77002	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ATLEE, THOMAS G.	
STREET ADDRESS	1000 LOUISIANA SUITE 5800	
CITY - ST - ZIP	HOUSTON TX 77002	

TITLE	VICEPRES-ASST. SECR	<input type="checkbox"/> DELETE
NAME	BROWMAN, CHARLES H.	
STREET ADDRESS	1000 LOUISIANA SUITE 5800	
CITY - ST - ZIP	HOUSTON TX 77002	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	ASST. TREAS - TAX	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GENE S. FOSTER	
5.3 STREET ADDRESS	1000 LOUISIANA SUITE 5800	
5.4 CITY - ST - ZIP	HOUSTON TX 77002	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gene S. Foster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GENE FOSTER, ASST. TREAS-TAX 4/30/99

Date

713-507-3695

Daytime Phone #