

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P24676** (9)
1. Corporation Name
OXBOW POWER OF NORTH TONAWANDA, NEW YORK, INC.

Principal Place of Business 1070 ERIE AVE. NORTH TONAWANDA NY 14120 US	Mailing Address 1801 FORUM PL W. PALM BEACH FL 33401-8188 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1989	
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number 04-3052413		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST STE 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	ASST.SEC
NAME	CHERRY, BERNARD H.	1.2 NAME	CLARK, DAVID W.
STREET ADDRESS	1801 FORUM PLACE #P-2	1.3 STREET ADDRESS	1601 Forum Place, #P2
CITY-ST-ZIP	W. PALM BCH FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	V	2.1 TITLE	9790 Gateway Drive, Suite 220
NAME	ZODIACO, VINCENT	2.2 NAME	Reno, NV 89511
STREET ADDRESS	5250 S VIRGINIA STREET SUITE 304	2.3 STREET ADDRESS	
CITY-ST-ZIP	RENO NV	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	CALLAHAN, RICHARD P.	3.2 NAME	
STREET ADDRESS	1801 FORUM PLACE P-2	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH FL 33401	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	SHIPLEY, ZACHARY K.	4.2 NAME	
STREET ADDRESS	1801 FOURM PLACE P-2	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33401	4.4 CITY-ST-ZIP	
TITLE	CEO	5.1 TITLE	
NAME	KOCH, WILLIAM I.	5.2 NAME	
STREET ADDRESS	1801 FORUM PLACE P-2	5.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH FL	5.4 CITY-ST-ZIP	
TITLE	SVP	6.1 TITLE	
NAME	ROHIT C CHIB	6.2 NAME	
STREET ADDRESS	1801 FORUM PLACE P2	6.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	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.

SIGNATURE:


SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/98

561/640-8757

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