

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90048 019 \*\*\*150.00

**DOCUMENT # P24676**

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  
**1601 FORUM PL  
W. PALM BEACH FL 33401-8188  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/12/1989**

4. FEI Number

**04-3052413**

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.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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

**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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME **S- CLARK, DAVID W**  
STREET ADDRESS **1601 FORUM PLACE, SUITE P-2**  
CITY-ST-ZIP **W. PALM BCH FL 33401**

TITLE ☐ DELETE

NAME **V ZODIACO, VINCENT**  
STREET ADDRESS **9790 GATEWAY DR, SUITE 220**  
CITY-ST-ZIP **RENO NV 89511**

TITLE ☐ DELETE

NAME **S CALLAHAN, RICHARD P.**  
STREET ADDRESS **1601 FORUM PLACE P-2**  
CITY-ST-ZIP **W. PALM BCH FL 33401**

TITLE ☐ DELETE

NAME **T SHIPLEY, ZACHARY K.**  
STREET ADDRESS **1601 FOURM PLACE P-2**  
CITY-ST-ZIP **W. PALM BEACH FL 33401**

TITLE ☐ DELETE

NAME **CCEO KOCH, WILLIAM I.**  
STREET ADDRESS **1601 FORUM PLACE P-2**  
CITY-ST-ZIP **W. PALM BCH FL**

TITLE ☐ DELETE

NAME **SVP ROHIT C CHIB**  
STREET ADDRESS **1601 FORUM PLACE P2**  
CITY-ST-ZIP **W. PALM BEACH FL**

13. 1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**AS** ☒ Change ☐ Addition

**CLARK, DAVID W.**

**1601 FORUM PLACE, SUITE P-2**

**WEST PALM BEACH, FL 33401**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**D & PCOO** ☐ Change ☒ Addition

**CHERRY, BERNARD H.**

**1601 FORUM PLACE, SUITE P-2**

**WEST PALM BEACH, FL 33401**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

**Richard P. Callahan, Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99

Date

561-640-8833

Daytime Phone #

CR2E034 (1/98)