

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33621

1. Entity Name

CEDAR BAY COGENERATION, INC.

FILED

May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90087 007 \*\*\*158.75

Principal Place of Business	Mailing Address
7500 OLD GEORGETOWN RD 13TH FL BETHESDA MD 20814	7500 OLD GEORGETOWN RD 13TH FL BETHESDA MD 20814-6133 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	54-1457560	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	COOPER, JOHN	
STREET ADDRESS	7500 OLD GEORGETOWN RD	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	PD	<input type="checkbox"/> Delete
NAME	IRIBE, P CHRISMAN	
STREET ADDRESS	7500 OLD GEORGETOWN RD	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	HERMAN, STEPHAN A	
STREET ADDRESS	7500 OLD GEORGETOWN RD	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	ENDLER, GERALD S	
STREET ADDRESS	7500 OLD GEORGETOWN RD	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BASSETT, DAVID N	
STREET ADDRESS	7500 OLD GEORGETOWN RD	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEIER, PETER E.	
STREET ADDRESS	7500 OLD GEORGETOWN ROAD	
CITY-ST-ZIP	BETHESDA, MD 20814	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

CR2E034 (9/99)