

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2004 8:00 am
Secretary of State

06-15-2004 90002 030 ***550.00

DOCUMENT # P33621

1. Entity Name
CEDAR BAY COGENERATION, INC.



Principal Place of Business
**7500 OLD GEORGETOWN RD
13TH FL
BETHESDA, MD 20814 US**

Mailing Address
**7500 OLD GEORGETOWN RD
13TH FL
BETHESDA, MD 20814 US**

54057471



2. Principal Place of Business
7600 Wisconsin Ave
Suite, Apt. #, etc.

3. Mailing Address
7600 Wisconsin Ave
Suite, Apt. #, etc.

05122004 Chg-P CR2E034 (10/03)

City & State
Bethesda, MD
Zip
20814 Country
USA

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Bethesda, MD
Zip
20814 Country
USA

4. FEI Number
54-1457560 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOPER, JOHN 7500 OLD GEORGETOWN RD BETHESDA, MD 20814 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IRIBE, P CHRISMAN 7500 OLD GEORGETOWN RD BETHESDA, MD 20814 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MANNING, DANCY A 7500 OLD GEORGETOWN RD BETHESDA, MD 20814 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC CARON, MARK T 7500 OLD GEORGETOWN RD BETHESDA, MD 20814 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARTMAN, SANFORD L 7500 OLD GEORGETOWN RD BETHESDA, MD 20814 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COORSON, HANK A 7500 OLD GEORGETOWN RD BETHESDA, MD 20814 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Thomas E. Legro 7600 Wisconsin Avenue Bethesda, MD 20814-3657 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President P. Chrisman Iribre 7600 Wisconsin Avenue Bethesda, MD 20814-3657 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Nancy A. Manning 7600 Wisconsin Avenue Bethesda, MD 20814 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Controller Morris L. Meltzer 7600 Wisconsin Avenue Bethesda, MD 20814-3657 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7600 Wisconsin Avenue Bethesda, MD 20814-3657 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer Charles P. Hollands 7600 Wisconsin Avenue Bethesda, MD 20814 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Morris L. Meltzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Morris L. Meltzer, Asst. Controller
Date Daytime Phone #