


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90010 034 \*\*\*150.00

<b>DOCUMENT # P33621</b> 1. Entity Name <b>CEDAR BAY COGENERATION, INC.</b>					
Principal Place of Business <b>9405 ARROWPOINT BLVD. CHARLOTTE, NC 28273 US</b>			Mailing Address <b>9405 ARROWPOINT BLVD. CHARLOTTE, NC 28273 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>54-1457560</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>					
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete <b>BONNER, THOMAS J. 9405 ARROWPOINT BLVD. CHARLOTTE, NC 28273</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT <input type="checkbox"/> Delete <b>O'CONNOR, JOHN W. 9405 ARROWPOINT BLVD. CHARLOTTE, NC 28273</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input type="checkbox"/> Delete <b>RIPPETOE, ELIZABETH L. 9405 ARROWPOINT BLVD. CHARLOTTE, NC 28273</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete <b>HASHE, WILLIAM E 9405 ARROWPOINT BLVD CHARLOTTE, NC 282738110</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete <b>GREEN, PHYLLIS K. 9405 ARROWPOINT BLVD. CHARLOTTE, NC 28273</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT <input type="checkbox"/> Delete <b>EVERETT, MICHAEL L. 9405 ARROWPOINT BLVD. CHARLOTTE, NC 28273</b>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <u>Anne M. Reese</u> Anne M. Reese, Assistant Secretary</b> <b>3-26-2007</b> <b>704-525-3800</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

03/19/2007

ATTACHMENT 40042317

**Cedar Bay Cogeneration, Inc.**

**Florida Doc. # P33621**

**Principal Office:**

9405 Arrowpoint Blvd.  
Charlotte, NC 28273-8110

<u>Officer</u>	<u>Title</u>
Thomas J. Bonner	P/D
Mark A. Casper	V
Michael L. Everett	AT
Phyllis K. Green	AS
William E. Hashe	V
Christine D. Leapley	AC
John W. O'Connor	V/T/D
Anne M. Reece	AS
Elizabeth L. Rippetoe	V/S
S. M. Rudolph	C/CAO