

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0621083 AT

DOCUMENT # P33621

1. Entity Name
CEDAR BAY COGENERATION, INC.



FILED

03 FEB 20 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME COOPER, JOHN ☐ Delete
STREET ADDRESS 7500 OLD GEORGETOWN RD
CITY-ST-ZIP BETHESDA MD 20814

TITLE ☐ Change ☐ Addition
NAME 900012980919
STREET ADDRESS 02/24/03--01016--003 **3162.50
CITY-ST-ZIP

TITLE PD
NAME IRIBE, P CHRISMAN ☐ Delete
STREET ADDRESS 7500 OLD GEORGETOWN RD
CITY-ST-ZIP BETHESDA MD 20814

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS
NAME MEIER, PETER E ☒ Delete
STREET ADDRESS 7500 OLD GEORGETOWN RD
CITY-ST-ZIP BETHESDA MD 20814

TITLE ☐ Change ☒ Addition
NAME ASSISTANT SECRETARY
STREET ADDRESS DANCY A. MADDIX
CITY-ST-ZIP 7500 Old Georgetown Rd.
Bethesda, MD 20814

TITLE VT
NAME BASSETT, DAVID N ☒ Delete
STREET ADDRESS 7500 OLD GEORGETOWN RD
CITY-ST-ZIP BETHESDA MD 20814

TITLE ☐ Change ☒ Addition
NAME ASSISTANT controller
STREET ADDRESS MARK T. CARON
CITY-ST-ZIP 7500 Old Georgetown Rd.
Bethesda, MD 20814

TITLE S
NAME HARTMAN, SANFORD L ☐ Delete
STREET ADDRESS 7500 OLD GEORGETOWN RD
CITY-ST-ZIP BETHESDA MD 20814

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT
NAME MEY, TRACEY ☒ Delete
STREET ADDRESS 7500 OLD GEORGETOWN RD
CITY-ST-ZIP BETHESDA MD 20814

TITLE ☐ Change ☒ Addition
NAME ASSISTANT TREASURER
STREET ADDRESS HANK A. COORSON
CITY-ST-ZIP 7500 Old Georgetown Rd.
Bethesda, MD 20814

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: Mark T. Caron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark T. Caron
Assistant Controller 1/30/03 301-280-6800
Date Daytime Phone #

CR2E034 (10/02)