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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Norham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P34482** (0)

1. Corporation Name
WESTERN COGENERATION COMPANY, INC.

Principal Place of Business: **C/O DONALDSON, LUFKIN & JENRETTE, INC. 140 BROADWAY ATT. TAX DEPT. NEW YORK NY 10005**

Mailing Address: **C/O DONALDSON, LUFKIN & JENRETTE, INC. 140 BROADWAY ATT. TAX DEPT. NEW YORK NY 10005**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/26/1991		3b. Date of Last Report 04/27/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3472424		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Zip	8. This corporation has liability for intangible tax under S. 199 Q32, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVENSON, CHARLES O.	12 NAME	
STREET ADDRESS	140 BROADWAY	13 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	14 CITY - ST - ZIP	
TITLE	VSD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGLER, THOMAS E.	22 NAME	
STREET ADDRESS	140 BROADWAY	23 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	24 CITY - ST - ZIP	
TITLE	VT	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMAN, GERALD J.	32 NAME	
STREET ADDRESS	140 BROADWAY	33 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	Assistant Secretary
STREET ADDRESS		43 STREET ADDRESS	Claire M. Power
CITY - ST - ZIP		44 CITY - ST - ZIP	140 Broadway
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	New York, New York 10005
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 as an attachment with an address.

SIGNATURE: *Thomas E. Siegler* **Thomas E. Siegler** 4/24/95 (212) 504-4939