

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 JUL 14 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35874

(7)

1. Corporation Name

NCP DADE POWER INCORPORATED

Principal Place of Business

Mailing Address

ONE UPPER POND ROAD
PARSIPPANY NJ 07054
US

ONE UPPER POND ROAD
PARSIPPANY NJ 07054
US

c/o GPU International, Inc.

c/o GPU International, Inc.

2/20/96

3. Date Incorporated or Qualified

10/11/1991

3a. Date of Last Report

03/01/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

33-0505981

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVY, BRUCE	
STREET ADDRESS	ONE UPPER POND ROAD	
CITY - ST - ZIP	PARSIPPANY NJ 07054	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRAVER, DAVID C	
STREET ADDRESS	ONE UPPER POND ROAD	
CITY - ST - ZIP	PARSIPPANY NJ 07054	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TOMBLIN, KELLY	
STREET ADDRESS	ONE UPPER POND ROAD	
CITY - ST - ZIP	PARSIPPANY NJ 07054	
TITLE		<input type="checkbox"/> DELETE
NAME	100002238061--1	
STREET ADDRESS	-07/15/97--01029--003	
CITY - ST - ZIP	*****255.00 *****255.00	
TITLE		<input type="checkbox"/> DELETE
NAME	100002238061--1	
STREET ADDRESS	-07/15/97--01029--004	
CITY - ST - ZIP	*****303.75 *****303.75	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	VP Business Development	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard J. Guy	
1.3 STREET ADDRESS	One Upper Pond Road	<input checked="" type="checkbox"/> Delete
1.4 CITY - ST - ZIP	Parsippany, NJ 07054	
2.1 TITLE	VP Business Operations	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John A. McTear	Proj. Mgmt. & Tech.
2.3 STREET ADDRESS	One Upper Pond Road	Resources
2.4 CITY - ST - ZIP	Parsippany, NJ 07054	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Wendy S. Greengrove	
3.3 STREET ADDRESS	One Upper Pond Road	
3.4 CITY - ST - ZIP	Parsippany, NJ 07054	
4.1 TITLE	Exec. V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert J. Neary	
4.3 STREET ADDRESS	One Upper Pond Road	
4.4 CITY - ST - ZIP	Parsippany, NJ 07054	
5.1 TITLE	VP Business Management	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Luis E. Tellez	
5.3 STREET ADDRESS	One Upper Pond Road	
5.4 CITY - ST - ZIP	Parsippany, NJ 07054	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

6/19/97

(201) 263-6915

CR2034 (12/95)