

## 3587

ACCOUNT NO.

072100000032

REFERENCE :

720075

4350171

AUTHORIZATION

COST LIMIT

ORDER DATE: August 26, 2002

ORDER TIME :

:59 PM

ORDER NO. : 720075-555

CUSTOMER NO:

4350171

800007403838--3

CUSTOMER: Ms. Sara Henning

Aquila, Inc.

20 West Ninth Street

Mail Stop 3-122

Kansas City, MO 64105

## CHANGE OF AGENT

NAME: NCP DADE POWER INCORPORATED

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

DIVISION OF CORPORATION

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Delaware
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: NCP DADE POWER INCORPORATED
the state of the s
2. The mailing address of the corporation: 20 West 9th Street, MS 3-122
Kansas City, MO 64105
3. Date of incorporation/qualification: 10/11/1991 Document number: P35874
4. The name and address of the current registered agent and office:
CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so
Julia R. Dung
(Signature of an officer, chairman or vice chairman of the board)  (Date)
Laura R. Dunlap, Attorney in Fact (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as
Cynthia f. Carris (Signature of Registered Agent) (Date)
If signing on behalf of an entity:  Cynthia L. Harris as its agent
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)