FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # **P35875** **(4)**

1. Corporation Name

NCP LAKE POWER INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1551 N TUSTIN AVE STE 900 SANTA ANA CA 92701 US	1551 N TUSTIN AVE STE 900 SANTA ANA CA 92701 US

NEW

3. Date Incorporated or Qualified: 10/11/1991
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business	2a. Mailing Address
21 ONE UPPER POND RD	26 ONE UPPER POND RD
Suite, Apt. #, etc. 22 C/O ENERGY INITIATIVES	Suite, Apt. #, etc. 27 C/O ENERGY INITIATIVES
City & State 23 PARSIPPANY NJ	City & State 28 PARSIPPANY, NJ
Zip / Country 24 07054 / 25 MORRIS	Zip / Country 29 07054 / 30 MORRIS

4. FEI Number: 33-0505977 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

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 _____ DATE
(Signature, typed or printed name of registered agent and the capacity/ies) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	Change ☐ Addition ☒
NAME	MCKECHNIE, DONALD B	12 NAME	BRUCE LEVY	
STREET ADDRESS	1551 N TUSTIN AVE	13 STREET ADDRESS	ONE UPPER POND RD	
CITY ST ZIP	SANTA ANA CA	14 CITY ST ZIP	PARSIPPANY NJ 07054	
TITLE	VD	21 TITLE	V	Change ☐ Addition ☒
NAME	SURETTE, ROBERT G	22 NAME	DAVID C. BRAVER	
STREET ADDRESS	1551 N TUSTIN AVE	23 STREET ADDRESS	ONE UPPER POND RD	
CITY ST ZIP	SANTA ANA CA	24 CITY ST ZIP	PARSIPPANY NJ 07054	
TITLE	VDS	31 TITLE	S	Change ☐ Addition ☒
NAME	SHNELL, JAMES H	32 NAME	KELLY TOMBLIN	
STREET ADDRESS	1551 N TUSTIN AVE	33 STREET ADDRESS	ONE UPPER POND RD	
CITY ST ZIP	SANTA ANA CA	34 CITY ST ZIP	PARSIPPANY NJ 07054	
TITLE	V	41 TITLE		Change ☐ Addition ☐
NAME	LAWYER, GREGORY B	42 NAME		
STREET ADDRESS	1551 N TUSTIN AVE	43 STREET ADDRESS		
CITY ST ZIP	SANTA ANA CA	44 CITY ST ZIP		
TITLE	T	51 TITLE		Change ☐ Addition ☐
NAME	NUGENT, KEVIN L	52 NAME		
STREET ADDRESS	1551 N TUSTIN AVE	53 STREET ADDRESS		
CITY ST ZIP	SANTA ANA CA	54 CITY ST ZIP		
TITLE		61 TITLE		Change ☐ 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)(i), 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 on an attachment with an address.

SIGNATURE: _____ 5/1/95 _____ 321-263-6250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481707 FN