

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/2

086279  
AT

DOCUMENT # P35875

1. Entity Name  
NCP LAKE POWER INCORPORATED



FILED

03 APR 29 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

03

Principal Place of Business  
C/O AQUILA EAST COAST GENERATION, INC.  
20 WATERVIEW BLVD  
PARSIPPANY NJ 07054  
US

Mailing Address  
20 W 9TH STREET  
MSC-3-431  
KANSAS CITY MO 64105  
US

2. Principal Place of Business  
20 W 9th

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 33-0505977

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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

Name  
Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street  
City  
Tallahassee FL Zip Code  
32301

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

*Judith S. Blancett*

Judith S. Blancett  
as its agent

4/29/2003

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 NAME STREET ADDRESS CITY-ST-ZIP	CEO GREEN, ROBERT K 1100 WALNUT, SUITE 3300 KANSAS CITY MO 64106	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD STAMM, KEITH G 1100 WALNUT, SUITE 3300 KANSAS CITY MO 64106	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO MILLS, EDWARD K 1100 WALNUT, SUITE 3300 KANSAS CITY MO 64106	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AYERS, JEFFREY D 1100 WALNUT, SUITE 3300 KANSAS CITY MO 64106	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STREEK, DANIEL J 1100 WALNUT, SUITE 3300 KANSAS CITY MO 64106	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRV NORDHOLM, BRADFORD T 1100 WALNUT, SUITE 3300 KANSAS CITY MO 64106	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached list	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200017310722	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Sara L. Henning*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sara L. Henning, Secretary 4-25-03

Date

Daytime Phone #

CR2E034 (10/02)

## Directors and Officers Report

### NCP Lake Power Incorporated

#### DIRECTORS

<b>Michael G. Jonagan</b>	<b>Director</b>
Primary Address:	20 W. 9th Street Kansas City, MO 64105

#### OFFICERS

<b>Michael G. Jonagan</b>	<b>President</b>
Primary Address:	20 W. 9th Street Kansas City, MO 64105

<b>Sara L. Henning</b>	<b>Secretary</b>
Primary Address:	20 W. 9th Street Kansas City, MO 64105

<b>Timothy M. Spear</b>	<b>Assistant Secretary</b>
Primary Address:	20 W. 9th Street Kansas City, MO 64105

<b>Brogan T. Sullivan</b>	<b>Assistant Secretary</b>
Primary Address:	20 W. 9th Street Kansas City, MO 64105

<b>Randal P. Miller</b>	<b>Treasurer</b>
Primary Address:	20 W. 9th Street Kansas City, MO 64105

<b>Joseph L. Gocke</b>	<b>Assistant Treasurer</b>
Primary Address:	20 W. 9th Street Kansas City, MO 64105



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 071245 4350171

AUTHORIZATION :

*Patricia Pijet*

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2003

ORDER TIME : 10:45 AM

ORDER NO. : 071245-015

CUSTOMER NO: 4350171

CUSTOMER: Ms. Beth Van De Vyvere  
Aquila, Inc.  
20 West Ninth Street  
Mail Stop 3-122  
Kansas City, MO 64105

ANNUAL REPORT FILING

NAME: NCP LAKE POWER INCORPORATED

RECEIVED  
03 APR 29 PM 12:07  
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 1155

EXAMINER'S INITIALS: \_\_\_\_\_