

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 20 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P36860** (5)  
1. Corporation Name  
**ORLANDO COGEN II, INC.**

Principal Place of Business  
**8300 EXCHANGE DRIVE  
ORLANDO FL 32809**

Mailing Address  
**7201 HAMILTON BOULEVARD  
TAX DEPARTMENT  
ALLENTOWN PA 18195  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/30/1991**

4. FEI Number  
**23-2684433**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **P SUTTON, CHRIS J**  
STREET ADDRESS **8242 PHEASANT RUN**  
CITY-ST-ZIP **FOGELSVILLE PA**

TITLE ☐ DELETE  
NAME **AT GREEN, DAVID H**  
STREET ADDRESS **4488 LINDA LANE**  
CITY-ST-ZIP **EMMAUS PA**

TITLE ☐ DELETE  
NAME **AGGER, H JAMES**  
STREET ADDRESS **2525 N MAIN ST**  
CITY-ST-ZIP **BETHLEHEM PA**

TITLE ☐ DELETE  
NAME **DALEY, LEO J**  
STREET ADDRESS **3405 ANDREA DRIVE**  
CITY-ST-ZIP **WESCONSVILLE PA**

TITLE ☐ DELETE  
NAME **AT EVANS, JOHN C.**  
STREET ADDRESS **3873 MAULFAIR DRIVE**  
CITY-ST-ZIP **ALLENTOWN PA**

TITLE ☐ DELETE  
NAME **AS BOWES, CHARLES A., JR.**  
STREET ADDRESS **2257 GEORGETOWN DRIVE**  
CITY-ST-ZIP **MALVERN PA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **AGGER, JAMES H.**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 in an attachment with an address.

SIGNATURE:

*[Signature]*

4/13/98

610-481-4027

CR2E034 (10/97)