

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
 04-24-2000 90140 028 ***150.00

DOCUMENT # P40415

1. Entity Name

ORLANDO POWER GENERATION I INC.

Principal Place of Business

Mailing Address

E 350 HIGHWAY
 CITY MO 64138

20 W NINTH ST
 3-321
 KANSAS CITY MO 64105-1704
 US

2. Principal Place of Business

1100 Walnut

3. Mailing Address

Suite, Apt. #, etc.

3300

Suite, Apt. #, etc.

City & State

Kansas City, MO

City & State

Zip

64106

Country

Zip

Country

4. FEI Number

48-1120961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GREEN, ROBERT	
STREET ADDRESS	20 W NINTH ST	
CITY-ST-ZIP	KANSAS CITY MO 64105	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHULTE, NANCY	
STREET ADDRESS	20 W. 9TH STREET	
CITY-ST-ZIP	KANSAS CITY MO 64105	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOLF, DALE J	
STREET ADDRESS	20 WEST NINTH ST	
CITY-ST-ZIP	KANSAS CITY MO 64105	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, ROBERT K.	
STREET ADDRESS	2318 WEST 59TH STREET	
CITY-ST-ZIP	SHAWNEE MISSION KS	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PADEWER, HARVEY J	
STREET ADDRESS	20 W NINTH ST	
CITY-ST-ZIP	KANSAS CITY MO 64105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V. J. Horgan	
STREET ADDRESS	1100 Walnut	
CITY-ST-ZIP	Kansas City, MO 64106	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy J. Browning	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward K. Mills	
STREET ADDRESS	1100 Walnut	
CITY-ST-ZIP	Kansas City, MO 64106	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith G. Stamm	
STREET ADDRESS	1100 Walnut	
CITY-ST-ZIP	Kansas City, MO 64106	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy J. Browning* Nancy J. Browning

816-467-3528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Club # 197380 Date

Daytime Phone #

CR2E034 (9/99)