

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

113

0652289 AT

DOCUMENT # P40415

1. Entity Name
ORLANDO POWER GENERATION I INC.



FILED

03 APR 29 PM 2: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
1100 WALNUT ST
#3300
KANSAS CITY MO 64106
US

Mailing Address
20 W. 9TH STREET
ATTN: SARA HENNING
KANSAS CITY MO 64106
US

2. Principal Place of Business
20 W. 9th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Kansas City, MO

City & State

4. FEI Number 48-1120961
Applied For
Not Applicable

Zip 64105 Country USA

Zip Country

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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	P MILLS, EDWARD K 1100 WALNUT ST STE 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	D GREEN, ROBERT K. 2318 WEST 59TH STREET SHAWNEE MISSION KS	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLS, EDWARD K 1100 WALNUT ST KANSAS CITY MO 64106	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See attached list
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000017307040
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
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 REQUIRED: Sara L. Henning, Secretary 4-25-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Directors and Officers Report

Orlando Power Generation I Inc.

DIRECTORS

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

OFFICERS

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

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

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

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

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

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

CSC

CORPORATION SERVICE COMPANY™

3/3

ACCOUNT NO. : 072100000032

REFERENCE : 071245 4350171

AUTHORIZATION :

Patricia Pzyt

COST LIMIT : \$ 150.00

ORDER DATE : April 28, 2003

ORDER TIME : 10:26 AM

ORDER NO. : 071245-040

CUSTOMER NO: 4350171

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

RECEIVED
03 APR 29 PM 12:06
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: ORLANDO POWER GENERATION I,
INC.

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: _____