

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90307 041 \*\*\*158.75

**DOCUMENT # P41043**

1. Entity Name  
**PG&E SHAREHOLDINGS, INC.**

Principal Place of Business  
**ONE MARKET, SPEAR TOWER  
SUITE 2400  
SAN FRANCISCO CA 94105**

Mailing Address  
**ONE MARKET, SPEAR TOWER  
SUITE 2400  
SAN FRANCISCO CA 94105**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-3087890**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SV</b> <b>DISTEFANO, TONY F.</b> <b>ONE MARKET, SPEAR TOWER, #2400</b> <b>SAN FRANCISCO CA 94105</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>EVERETT, LESLIE H</b> <b>ONE MARKET, SPEAR TOWER, #2400</b> <b>SAN FRANCISCO CA 94105</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD</b> <b>WORTHINGTON, BRUCE R</b> <b>ONE MARKET, SPEAR TOWER, #2400</b> <b>SAN FRANCISCO CA 94105</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>DARBEE, PETER A</b> <b>ONE MARKET, SPEAR TOWER, #2400</b> <b>SAN FRANCISCO CA 94105</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>MONTIZAMBERT, ERIC</b> <b>ONE MARKET, SPEAR TOWER, #2400</b> <b>SAN FRANCISCO CA 94105</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President and CEO</b> <b>Thomas G. Boren</b> <b>One Market, Spear Tower, Ste. 2400</b> <b>San Francisco, CA 94105</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Executive Vice President</b> <b>P. Chrisman Iribe</b> <b>7500 Old Georgetown Rd, 13<sup>th</sup> Floor</b> <b>Bethesda, MD 20814-6161</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Executive Vice President</b> <b>Thomas B. King</b> <b>7500 Old Georgetown Rd, 13<sup>th</sup> Floor</b> <b>Bethesda, MD 20814-6161</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lyndell E. Maddox</b> <b>Executive Vice President</b> <b>7500 Old Georgetown Rd, 13<sup>th</sup> Floor</b> <b>Bethesda, MD 20814-6161</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Senior Vice President</b> <b>Stephen A. Herman</b> <b>7500 Old Georgetown Rd., 13<sup>th</sup> Floor</b> <b>Bethesda, MD 20814-6161</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President and Treasurer</b> <b>David N. Bassett</b> <b>7500 Old Georgetown Rd., 13<sup>th</sup> Floor</b> <b>Bethesda, MD 20814-6161</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** *Eric Montizambert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Eric Montizambert* 3/6/01 415-267-7019  
Date Daytime Phone #

CR2E034 (10/00)