

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90363 013 ***150.00

DOCUMENT # 853261

1. Entity Name

SOUTHERN ENERGY RESOURCES, INC.

Principal Place of Business

Mailing Address

900 ASHWOOD PWKY STE 500
 ATLANTA GA 30338
 US

%AUDRA L MCCLELLAN
 270 PEACHTREE STREET
 ATLANTA GA 30303-1340

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1448180

Applied For

Not Applicable

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

TATE, WARREN E.
 ONE ENERGY PLACE
 PENSACOLA FL 32501

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAHLBERG, WILLIAM A.	NAME	
STREET ADDRESS	900 ASHWOOD PWKY STE 500	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30338	CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOREN, THOMAS G.	NAME	H. ALLEN FRANKLIN
STREET ADDRESS	900 ASHWOOD PWKY STE 500	STREET ADDRESS	270 PEACHTREE ST., N.W.
CITY-ST-ZIP	ATLANTA GA 30338	CITY-ST-ZIP	Atlanta, GA 30303
TITLE	VCFO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, RAYMOND D.	NAME	
STREET ADDRESS	900 ASHWOOD PWKY STE 500	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30338	CITY-ST-ZIP	
TITLE	VPAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSHING, RICHARD J.	NAME	
STREET ADDRESS	900 ASHWOOD PWKY STE 500	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30338	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DABBS, SAM H JR	NAME	
STREET ADDRESS	270 PEACHTREE STREET	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30303	CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDEN, WILLIAM J III	NAME	
STREET ADDRESS	900 ASHWOOD PWKY STE 500	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30338	CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAM H. DABBS, JR. 4/18/00 404-506-
 0534

Date

Daytime Phone #

CR2E034 (9/99)