

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**


03-23-2005 90237 001 \*\*\*600.00

**2005 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**66007183**



03022005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F94000003605</b>					
1. Entity Name <b>NUI ENERGY, INC.</b>					
Principal Place of Business <b>PO BOX 760 BEDMINSTER, NJ 07921-0760</b>		Mailing Address <b>PO BOX 760 BEDMINSTER, NJ 07921-0760</b>			
2. Principal Place of Business <b>Ten Peachtree Place</b>		3. Mailing Address <b>Ten Peachtree Place</b>			
Suite, Apt. #, etc. <b>Suite 1000</b>		Suite, Apt. #, etc. <b>Suite 1000</b>			
City & State <b>Atlanta, GA</b>		City & State <b>Atlanta, GA</b>		4. FEI Number <b>22-3209319</b>	
Zip <b>30309</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>30309</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 33324</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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	PD MATTHEWS, CRAIG G 550 RT 202/206 BEDMINSTER, NJ 07921	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MADDEN, KEVIN P. TEN PEACHTREE PLACE, SUITE 1000 ATLANTA, GA 30309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OVERLY, STEVEN D 550 ROUTE 202/206 BEDMINSTER, NJ 07921	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/CFO/D O'BRIEN, RICHARD T. TEN PEACHTREE PLACE, SUITE 1000 ATLANTA, GA 30309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRATSAFOLIS, JEANNE M 550 ROUTE 202/206 BEDMINSTER, NJ 07921	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/D SHLANTA, PAUL R. TEN PEACHTREE PLACE, SUITE 1000 ATLANTA, GA 30309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T EVANS, ANDREW W. TEN PEACHTREE PLACE, SUITE 1000 ATLANTA, GA 30309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLEMAN, MYRA TEN PEACHTREE PLACE, SUITE 1000 ATLANTA, GA 30309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYNOLDS, PAULA R. TEN PEACHTREE PLACE, SUITE 1000 ATLANTA, GA 30309	<input type="checkbox"/> Change <input checked="" 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: <i>Myra Coleman</i>		Myra Coleman, Secretary		3/7/2005	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	
				<b>(404) 584-4000</b>	