

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91281 044 ***150.00

DOCUMENT # F98000000291

1. Entity Name

SOUTHERN UNION COMPANY
DBA: ATLANTIC UTILITIES COMPANY

Principal Place of Business

Mailing Address

504 LAVACA STREET, SUITE 800 **504 LAVACA STREET,**
AUSTIN, TEXAS 78701 **SUITE 800**
AUSTIN, TEXAS 78701

A0067456

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

75-0571592

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 33324

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: **CHIEF EXECUTIVE OFFICER** Delete
 NAME: **PETER H. KELLEY**
 STREET ADDRESS: **504 LAVACA, SUITE 800**
 CITY-ST-ZIP: **AUSTIN, TEXAS 78701**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **PRESIDENT** Delete
 NAME: **THOMAS F. KARAM**
 STREET ADDRESS: **504 LAVACA, SUITE 800**
 CITY-ST-ZIP: **AUSTIN, TEXAS 78701**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **REGIONAL VICE PRESIDENT** Delete
 NAME: **ALEXANDER M. KARA**
 STREET ADDRESS: **504 LAVACA, SUITE 800**
 CITY-ST-ZIP: **AUSTIN, TEXAS 78701**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **CONTROLLER** Delete
 NAME: **STUART K. HARBOUR**
 STREET ADDRESS: **504 LAVACA, SUITE 800**
 CITY-ST-ZIP: **AUSTIN, TEXAS 78701**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **SECRETARY** Delete
 NAME: **DENNIS K. MORGAN**
 STREET ADDRESS: **504 LAVACA, SUITE 800**
 CITY-ST-ZIP: **AUSTIN, TEXAS 78701**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **ASSISTANT SECRETARY** Delete
 NAME: **MARY JO CASEY**
 STREET ADDRESS: **504 LAVACA, SUITE 800**
 CITY-ST-ZIP: **AUSTIN, TEXAS 78701**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change 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:

[Signature]
 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DAVID J. KVAPIL

04/25/2001 (512) 370-8406

Date

Daytime Phone #

CR2E034 (11/00)