## 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVICE

		_
DOCUMENT #	M97000000845	5

01-APR 27 PM 2: 58

1. Entity Name ENERGY DISPATCH, LLC

SECRETARY OF STATE TALLAHASSEE, FUORIDA

Principal Place of Business 300 TECHNOLOGY COURT. SUITE 400 SMYRNA GA 30082

Suite, Apt. #, etc.

Mailing Address PO BOX 105554

ATTN: TAX DEPARTMENT ATLANTA GA 30348-5554

Suite, Apt. #, etc.

3. Mailing Address 2. Principal Place of Business



DO NOT WRITE IN THIS SPACE

City & State		City & State			4. FEI Number 58-2355217	Applied For Not Applicable	
Zip -	Country	~ Zip	Coun	ry	5. Certificate of Status Desired		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
	•			Name			•

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

Street Address (P.O.	Box Numbe	r is Not Accep	otable)

City Zip Code

<b>)</b> .	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)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State

							<u>:</u>		
9.	MANAGING MEMBERS/MEMBERS		10.	ADDITIONS/CHANGES			3		
TITLE	MGR	☐ Delete	TITLE	marm	_		,	Change	Addition
NAME	BOLCH, SUSAN		NAME	CLAUDE					
STREET ADDRESS	300 TECHNOLOGY COURT		STREET ADDRESS	300 Te	chnolog	34 C	purt-		
CITY-ST-ZIP	SMYRNA GA		CITY-ST-ZIP	SMYRNA	6	A A	30087	_	
TITLE	MGRM	Delete	TITLE		ППП	<u> </u>	1211	<b>-604 (EE</b>	- Ald ion
NAME	BOLCH, CARL III		NAME			-05/1	17010	10830	ios (
STREET ADDRESS	300 TECHNOLOGY COURT		STREET ADDRESS				*50.00	*****5	
CITY-ST-ZIP	SMYRNA GA 30082	* * -	CITY-ST-ZIP	ļ			.00.00	· · · · · · · · -	
TITLE	MGRM	□ Delete	TITLE					☐ Change	☐ Addition
NAME	BOLCH MORAN, ALLISON		NAME						
STREET ADDRESS	300 TECHNOLOGY COURT		STREET ADDRESS						
CITY-ST-ZIP	SMYRNA GA 30082		CITY-ST-ZIP				•		
TITLE	MGRM	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	LENKER, MAX		NAME						
STREET ADDRESS	300 TECHNOLOGY COURT, SUITE 400		STREET ADDRESS						
CITY-ST-ZIP	SMYRNA GA 30082		CITY-ST-ZIP						
TITLE .	MGRM	☐ Delete	TITLE					☐ Change	Addition
NAME	DUMBACHER, ROBERT J		NAME						ľ
STREET ADDRESS	300 TECHNOLOGY COURT, SUITE 400		STREET ADDRESS						
CITY-ST-ZIP	SMYRNA GA 30082		CITY-ST-ZIP						:
TITLE ,		☐ Delete	TITLE					☐ Change	Addition
NAME s			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZiP						

<sup>11.</sup> 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.