

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M97000000845

**Entity Name:** ENERGY DISPATCH, LLC**Current Principal Place of Business:**3225 CUMBERLAND BLVD  
SUITE 100  
ATLANTA, GA 30339**Current Mailing Address:**3225 CUMBERLAND BLVD  
SUITE 100  
ATLANTA, GA 30339**FEI Number:** 58-2355217**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BOLCH, SUSAN  
Address 3225 CUMBERLAND BLVD SUITE 100  
City-State-Zip: ATLANTA GA 30339

Title MGRM  
Name BOLCH MORAN, ALLISON  
Address 3225 CUMBERLAND BLVD SUITE 100  
City-State-Zip: ATLANTA GA 30339

Title MGRM  
Name LENKER, MAX  
Address 3225 CUMBERLAND BLVD SUITE 100  
City-State-Zip: ATLANTA GA 30339

Title MGRM  
Name DUMBACHER, ROBERT J  
Address 3225 CUMBERLAND BLVD SUITE 100  
City-State-Zip: ATLANTA GA 30339

Title MGRM  
Name AKERS, JOSEPH H  
Address 3225 CUMBERLAND BLVD SUITE 100  
City-State-Zip: ATLANTA GA 30339

Title MANAGER  
Name MCBRAYER, MAX E  
Address 3225 CUMBERLAND BLVD, STE 100  
City-State-Zip: ATLANTA GA 30339

Title MANAGER  
Name BOLCH, CARL E JR.  
Address 3225 CUMBERLAND BLVD, STE 100  
City-State-Zip: ATLANTA GA 30339

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT J. DUMBACHER

CFO

03/28/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date