

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000004165

**Entity Name:** METROPLEX ENERGY, INC.

**Current Principal Place of Business:**

200 GALLERIA PARKWAY SE  
SUITE 900  
ATLANTA, GA 30339

**FILED**  
**Apr 19, 2017**  
**Secretary of State**  
**CC0895823068**

**Current Mailing Address:**

200 GALLERIA PARKWAY SE  
SUITE 900  
ATLANTA, GA 30339 US

**FEI Number: 75-2652266**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T 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

**Officer/Director Detail :**

Title            PRESIDENT, ASST. SECRETARY,  
                      DIRECTOR  
Name            MCBRAYER, MAX E JR.  
Address        200 GALLERIA PARKWAY SE  
                      SUITE 900  
City-State-Zip: ATLANTA GA 30339

Title            ASST. SECRETARY  
Name            AKERS, JOSEPH H  
Address        200 GALLERIA PARKWAY SE  
                      SUITE 900  
City-State-Zip: ATLANTA GA 30339

Title            DIRECTOR, ASST. SECRETARY  
Name            DUMBACHER, ROBERT J  
Address        200 GALLERIA PARKWAY SE  
                      SUITE 900  
City-State-Zip: ATLANTA GA 30339

Title            CEO, DIRECTOR  
Name            MORAN, ALLISON BOLCH  
Address        200 GALLERIA PARKWAY SE  
                      SUITE 900  
City-State-Zip: ATLANTA GA 30339

Title            COO  
Name            MILAM, BILL  
Address        200 GALLERIA PARKWAY SE  
                      SUITE 900  
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 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOSEPH H. AKERS**

**ASST SECRETARY**

**04/19/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date