

**2017 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P16327

**FILED**  
**Aug 14, 2017**  
**Secretary of State**  
**CC9932010704**

**Entity Name:** ENERCON SERVICES, INC.

**Current Principal Place of Business:**

500 TOWNPARK LANE  
KENNESAW, GA 30144

**Current Mailing Address:**

500 TOWNPARK LANE  
KENNESAW, GA 30144

**FEI Number:** 73-1176079

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S. 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 PD  
Name RICHARDSON, JOHN D  
Address 500 TOWNPARK LANE  
City-State-Zip: KENNESAW GA 30144

Title ST  
Name MARSHALL, JAMES M  
Address 500 TOWNPARK LANE  
City-State-Zip: KENNESAW GA 30144

Title COO  
Name BRYAN, ROBERT  
Address 500 TOWNPARK LANE  
City-State-Zip: KENNESAW GA 30144

Title VP  
Name GANNON, JIM  
Address 500 TOWNPARK LANE  
City-State-Zip: KENNESAW GA 30144

Title PRINCIPAL OFFICER FOR THE STATE  
OF FLORIDA-BOARD OF PROF  
SURVEYORS  
Name CHRISTOPHER, THOMAS A  
Address 5210 HOOD ROAD  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP  
Name CLEARY, TIMOTHY  
Address 500 TOWNPARK LANE  
City-State-Zip: KENNESAW GA 30144

Title VP  
Name SMITH, J AARON  
Address 500 TOWNPARK LANE  
City-State-Zip: KENNESAW GA 30144

Title DIRECTOR  
Name RICHARDSON, JOHN D  
Address 500 TOWNPARK LANE  
City-State-Zip: KENNESAW GA 30144

**Continues on page 2**

*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:** JAMES M MARSHALL

**SECRETARY**

**08/14/2017**

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

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ANESHANSLEY, MICHAEL  
Address 5100 E SKELLY DR SUITE 450  
City-State-Zip: TULSA OK 74135

Title DIRECTOR  
Name BRYAN , ROBERT  
Address 500 TOWNPARK LANE  
City-State-Zip: KENNESAW GA 30144

Title DIRECTOR  
Name MCGAHA, JOHN  
Address 500 TOWNPARK LANE  
City-State-Zip: KENNESAW GA 30144

Title VP  
Name STAMMEN , CHRISTOPHER  
Address 500 TOWNPARK LANE  
City-State-Zip: KENNESAW GA 30144