


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 807911 (3)
1. Corporation Name

SOUTHERN COMPANY SERVICES, INC.

Principal Place of Business 64 Perimeter Center East Atlanta, GA 30346	Mailing Address 64 Perimeter Center East Atlanta, GA 30346
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
5/26/49

2. Principal Place of Business 21 241 Ralph McGill Blvd. Suite, Apt. #, etc. 22 City & State 23 Atlanta, GA 24 Zip 30303 25 Country US	2a. Mailing Address 26 Audra L. McClellan Suite, Apt. #, etc. 27 270 Peachtree Street 28 City & State 28 Atlanta, GA 29 Zip 30303 30 Country US	4. FEI Number 63-0274273 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dahlberg, A. William	1.2 NAME	
STREET ADDRESS	270 Peachtree Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30303	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeNicola, Paul J.	2.2 NAME	
STREET ADDRESS	241 Ralph McGill Boulevard, NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30308	2.4 CITY-ST-ZIP	
TITLE	EVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adams, Kerry E.	3.2 NAME	
STREET ADDRESS	42 Inverness Center Parkway	3.3 STREET ADDRESS	
CITY-ST-ZIP	Birmingham, AL 35242	3.4 CITY-ST-ZIP	
TITLE	Sec	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chisholm, Tommy	4.2 NAME	
STREET ADDRESS	270 Peachtree Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30303	4.4 CITY-ST-ZIP	
TITLE	Ast Sec	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberts, Patricia L.	5.2 NAME	
STREET ADDRESS	270 Peachtree Street	5.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30303	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rawlins, Charles O.	6.2 NAME	
STREET ADDRESS	270 Peachtree Street	6.3 STREET ADDRESS	
CITY-ST-ZIP	Atlanta, GA 30303	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia L. Roberts 4/28/98 (404) 506-0542