

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90065 030 ***150.00

0445231

DOCUMENT # 807911

1. Entity Name
SOUTHERN COMPANY SERVICES, INC.

Principal Place of Business
241 RALPH MCGILL BOULEVARD
ATLANTA GA 30303
US

Mailing Address
AUDRA L. MCCLELLAN
270 PEACHTREE STREET
ATLANTA GA 30303
US

00054220



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **63-0274273**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 reinstalling)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAHLBERG, A. WILLIAM	
STREET ADDRESS	270 PEACHTREE STREET NE	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DENICOLA, PAUL J	
STREET ADDRESS	241 RALPH MCGILL BOULEVARD	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, KERRY E	
STREET ADDRESS	42 INVERNESS CENTER PARKWAY	
CITY-ST-ZIP	BIRMINGHAM AL 35242	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHISHOLM, TOMMY	
STREET ADDRESS	270 PEACHTREE STREET	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DABBS, SAM H JR	
STREET ADDRESS	270 PEACHTREE STREET	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RAWLINS, CHARLES O	
STREET ADDRESS	270 PEACHTREE STREET	
CITY-ST-ZIP	ATLANTA GA 30303	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	H. ALLEN FRANKLIN	
STREET ADDRESS	270 PEACHTREE STREET	
CITY-ST-ZIP	ATLANTA, GA 30303	
TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN A. WAKEFIELD	
STREET ADDRESS	270 PEACHTREE STREET	
CITY-ST-ZIP	ATLANTA, GA 30303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VPT	
STREET ADDRESS	ALLEN L. LEVERETT	
CITY-ST-ZIP	270 PEACHTREE STREET	
	ATLANTA, GA 30303	

13. 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 or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SAM H. DABBS, JR.

4/12/01

404-506-0544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)