

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90128 030 ***150.00

DOCUMENT # F02000000450
1. Entity Name
RELIANT ENERGY WHOLESALE SERVICE COMPANY



Principal Place of Business
**1111 LOUISIANA
HOUSTON TX 77002**

Mailing Address
**P.O. BOX 4567
HOUSTON TX 77210**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1410
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
HOUSTON, TX

4. FEI Number **76-0626673**

Applied For
Not Applicable

Zip

Country

Zip
77251-1410

Country
US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
Name: **Corporation Service Company**
Street Address (P.O. Box Number is Not Acceptable): **1201 HANS STREET**
City: **TALLAHASSEE** FL Zip Code: **32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERKINS, JOE BOB <input checked="" type="checkbox"/> Delete 1111 LOUISIANA HOUSTON TX 77002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FARLEY, JACK L JR. <input checked="" type="checkbox"/> Delete 1111 LOUISIANA HOUSTON TX 77002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLY, HUGH R <input type="checkbox"/> Delete 1111 LOUISIANA HOUSTON TX 77002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLEVENGER, REX T <input type="checkbox"/> Delete 1111 LOUISIANA HOUSTON TX 77002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR VP - FINANCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORPORATE TAX <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN B REED 1111 LOUISIANA HOUSTON TX 77002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John B Reed* **4/23/03** **713-497-3130**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)