

# 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**

**3. Mailing Address**

*P.O. Box 1410*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Houston, TX*

Zip

Country

*77251-1410*

Country

*US*

**4. FEI Number** **76-0626673**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**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 HAYS 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**

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

(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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>SR VP - FINANCE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>VP CORPORATE TAX</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>JOHN B REED</b>	
<b>STREET ADDRESS</b>	<b>1111 LOUISIANA</b>	
<b>CITY-ST-ZIP</b>	<b>HOUSTON TX 77002</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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*

Date

Daytime Phone #

*4/23/03*

*713-497-3130*

CR2E034 (10/02)