2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# F07000005249

Entity Name: SOUTHERN COMPANIES, INC.

Current Principal Place of Business:

9084 TECHNOLOGY DRIVE
FISHERS, IN 46038

New Principal Place of Business:

Current Mailing Address:

9084 TECHNOLOGY DRIVE
FISHERS, IN 46038

New Mailing Address:

9084 TECHNOLOGY DRIVE
SUITE 100
FISHERS, IN 46038

FEI Number: 64-0917479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUTIE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LONGARDNER, WILLIAM
Address: 9084 TECHNOLOGY DRIVE
City-St-Zip: FISHERS, IN 46038

Title: ST ( ) Delete
Name: JOHNSON, ARDEN
Address: 9084 TECHNOLOGY DRIVE
City-St-Zip: FISHERS, IN 46038

Title: V ( ) Delete
Name: JOHNSON, CAROL
Address: 9084 TECHNOLOGY DRIVE
City-St-Zip: FISHERS, IN 46038

Title: V (X) Delete
Name: CARRIGER, DUANE
Address: 9084 TECHNOLOGY DRIVE
City-St-Zip: FISHERS, IN 46038

Title: V ( ) Delete
Name: CRENSHAW, STEVEN
Address: 9084 TECHNOLOGY DRIVE
City-St-Zip: FISHERS, IN 46038

Title: V (X) Delete
Name: DIXON, TIM
Address: 9084 TECHNOLOGY DRIVE
City-St-Zip: FISHERS, IN 46038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM LONGARDNER P 07/07/2008

Electronic Signature of Signing Officer or Director — Date