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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104

Phone : (302)674-4089

Fax Number : (302)674-5266

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: __ kathryn.vaznis@avangrid.com

FOREIGN PROFIT/NONPROFIT CORPORATION NEW YORK STATE ELECTRIC & GAS CORPORATION

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

New York State	Electric & Gas Corporation					
	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"				
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting business	in Florida)			
2. New York	3.					
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	<u></u>			
4. 10/28/1852	5.					
(Date	of incorporation) 5	(Date of duration, if other than perpet	ual)			
6. 11/21/2021						
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		2025			
7. 180 S. Clinton A	180 S. Clinton Avenue, 5th Floor					
	(Principal office	street address)	Ω; 23			
Rochester, New	·					
	(Current mailing a	ddress, if different)				
			<i>C</i> :			
8. Name and street	et address of Florida registered agent: (P.O. F	lox NOT acceptable)	ئ.			
Name:	NRAI Services, Inc.					
Office Address:	1200 South Pine Island Road	_				
	Plantaion	, Florida 33324				
	(City)	(Zip code)				

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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A. DIRECTORS	Patricla Nilsen		Audrea VanLuling			
☐ Chairman	Name:	Chairman	Name: Andrea VanLuting One City Center, 5th Floor			
□Vice Chairman		□Vice Chairman	One City Center, 5th Floor Address: Portland, ME 04101			
Director	Rochester, NY 14607	Director	Portland, ME 04101			
■ President		□President				
□Vice President		□Vice President				
Secretary	☐ Treasurer	☐ Secretary	■ Treasurer			
■Other	Other	□Other	■Other Controller			
□Chairman	Catherine S. Stempien	□Chairman	Name:			
_	Address: 100 Marsh Hill Road	□Vice Chairman	180 S. Cliaton Avenue, 5th Floor			
■ Director	Orange, CT 06477	□Director	Rochester, NY 14607			
□President		□President				
□Vice President		■Vice President	20.73			
Secretary	Treasurer	■ Secretary	©Treasurer			
□Other	Other	General C	Counsel DOther C7			
□Chairman	Name: Noelle M. Kinsch	□ Chairman				
□Vice Chairman	80 State Street, 12th Floor	□Vice Chairman	Address:			
⊞ Director	Albany, NY 12207	☐ Director				
□President		□President				
□Vice President		□Vice President				
□ Secretary	Trensurer	Secretary	□'l'reasurer			
Other	Other	Other	□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in						

s.817.155, F.S.

13. Jeffrey A. Rosenbloom, Vice President, General Counsel and Secretary

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

NEW YORK STATE ELECTRIC & GAS CORPORATION

DOS ID Number:

10358

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

10/28/1852

Statement Status:

CURRENT

Statement Due Date:

10/31/2024

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on January 25, 2023 at 10:32 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hughan

By Brendan C. Hughes
Executive Deputy Secretary of State

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