FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000004578

1. Corporation Name

A&C Enercom Consultants, Inc.

400001500964
-05/30/95--01019--011
****200.00 ****200.00

Principal Place of Business / Mailing Address

1777 N.E. Expressway
Atlanta, GA 30329

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2-3-93	3a. Date of Last Report: 94
4. FEI Number: 58-1640663	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation was initially subject to assessment for calendar year 1994 for Florida Statutes: ☒ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City: FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: C.T. Corporation System
(Typed or printed name of registered agent and title if applicable) (Registered Agent's signature required when changing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Director Lance W. Ahearn 222 W. Washington Ave. Madison, WI 53701	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	Assistant Secretary Mark Noyd 1777 N.E. Expressway Atlanta, Ga. 30329 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	President, Director C. Dean Alford 1777 N.E. Expressway Atlanta, GA. 30329	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V.P. / Director C. Dean Alford 1777 N.E. Expressway Atlanta, Ga. 30329	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Treasurer / Secretary Philip D. Davis 1777 N.E. Expressway Atlanta, Ga. 30329	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	RECEIVED BY MAY 1 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M.L.D. Asst. Sec. 5/23/95 (404) 633-2099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)