2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State
04-20-2001 90012 036 ***150.00

DOCUMENT # F95000005380

1. Entity Name
SOUTHERN COMPANY ENERGY SOLUTIONS, INC.

Principal Place of Business	Mailing Address
241 RALPH MCGILL BLVD NE ATLANTA GA 30338	%AUDRA L MCCLELLAN 270 PEACHTREE STREET ATLANTA GA 30303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 270 PEACHTREE STREET
City & State	City & State ATLANTA, GA
Zip / Country	Zip 30303 / Country

4. FEI Number 58-1646715 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEASON, ROBERT S 241 RAPLH MCGILL BLVD ATLANTA GA 30308	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BERTRAM, SEARS E 241 RALPH MCGILL BLVD NE ATLANTA GA 30338	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPGM THAMES, THOMAS R 241 RALPH MCGILL BLVD NE ATLANTA GA 30338	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MICHAEL E. ELLIS 241 RALPH McGILL BOULEVARD ATLANTA, GA 30308	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT LEVERETT, ALLEN L 280 PEACHTREE ST. NW ATLANTA GA 30303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T 270 PEACHTREE STREET	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLAPPA, GALE E 270 PEACHTREE ST. NW ATLANTA GA 30303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASTS DABBS, SAM H JR 270 PEACHTREE STREET ATLANTA GA 30303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SAM H. DABBS, JR. 4/12/01 404-926-0531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #