

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 24, 1999 8:00 am**  
**Secretary of State**

08-24-1999 90004 021 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F96000005253**

1. Corporation Name  
**ENSERGH ENERGY SERVICES, INC.**  
**TXU Energy Trading Company**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 1601 BRYAN ST  
 EP 13040 ENERGY PLAZA  
 DALLAS TX 75201  
 US

Mailing Address  
 1601 BRYAN STREET  
 EP 13040 ENERGY PLAZA  
 DALLAS TX 75201  
 US

3. Date Incorporated or Qualified  
**10/10/1996**

4. FEI Number  
**75-2511352**

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 owes the current year Intangible Personal Property.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>CCEO</b>	<input type="checkbox"/> DELETE
NAME	<b>NYE, ERLE</b>	
STREET ADDRESS	<b>1601 BRYAN STREET</b>	
CITY-ST-ZIP	<b>DALLAS TX 75201</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SEIDEL, RON</b>	
STREET ADDRESS	<b>1301 FANNIN, SUITE 2300</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77002</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NYE, ERLE</b>	
STREET ADDRESS	<b>1601 BRYAN STREET</b>	
CITY-ST-ZIP	<b>DALLAS TX 75201</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GIBBS, H. JARRELL</b>	
STREET ADDRESS	<b>1601 BRYAN STREET</b>	
CITY-ST-ZIP	<b>DALLAS TX 75201</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCNALLY, MICHAEL J</b>	
STREET ADDRESS	<b>1601 BRYAN STREET</b>	
CITY-ST-ZIP	<b>DALLAS TX 75201</b>	
TITLE	<b>CS</b>	<input type="checkbox"/> DELETE
NAME	<b>KUBIN, DIANE J</b>	
STREET ADDRESS	<b>1601 BRYAN STREET</b>	
CITY-ST-ZIP	<b>DALLAS TX 75201</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 registered 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, upon an attachment with an address.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED  
 Date: **6/4/99** Daytime Phone #: **(214) 812-6688**

CR2E034 (5/99)