2000 UNIFORM BUSINESS REPORT (UBR)

Feb 15, 2000 8:00 am Secretary of State DOCUMENT # F9700004802 PG&E ENERGY SERVICES CORPORATION 02-15-2000 90055 050 ***150.00 Principal Place of Business Mailing Address 345 CALIFORNIA ST 345 CALIFORNIA ST R0021801 STE 3200 STE 3200 SAN FRANCISCO CA 94104 SAN FRANCISCO CA 94104-2606 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 94-3240290 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 TITLE □ Delete TITLE ★ Change RESCOE, MICHAEL E. NAME NAME Darbee, Peter STREET ADDRESS STREET ADDRESS ONE MARKET PLAZA, SPEAR TOWER STE 2400 One Market Plaza, Spear Tower CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94105 San Francisco, CA 9401**5** Dat Delete TITLE Change ☐ Addition TITLE STROMBERG, DANIEL J. NAME NAME Everett, Linda STREET ADDRESS STREET ADDRESS 141 VISTA GRANDE One Market Plaza, Spear Tower CITY+ST-ZIP CITY-ST-ZIP **GREENBRAE CA 94904** San Francisco, CA 9410**5** ☐ Change ☐ Addition TITLE TITLE ☐ Delete DISTEFANO: TONY F NAME NAME STREET ADDRESS STREET ADDRESS 73 LA CAMPANA DR CITY-ST-ZIP CITY-ST-ZIP ORINDA CA 94563 **VPGC** ☐ Defete TITLE ☐ Change ☐ Addition TITLE OGLESBY, DOUGLAS A. NAME NAME STREET ADDRESS STREET ADDRESS 112 OXFORD DR CITY-ST-ZIP CITY-ST-ZIP MORAGA CA 94556 **VP** _x☐ Change ☐ Addition Delete TITLE TITLE FARRIS, GRANT A NAME NAME Jacobs, Jeffrey STREET ADDRESS 1015 TRAPPER HILL STREET ADDRESS B5 Oak Road CITY-ST-7IP CITY-ST-7IP **HOUSTON TX 77007** Orinda, CA-94563 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

Douglas A. Oglesby

changed, or on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #

(415)733-4500

FILED