

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90072 033 ***150.00

DOCUMENT # F98000000291

1. Corporation Name

~~ATLANTIC UTILITIES COMPANY~~
SOUTHERN UNION COMPANY DBA
ATLANTIC UTILITIES COMPANY

Principal Place of Business

504 LAVACA ST., #800
AUSTIN TX 78701

Mailing Address

504 LAVACA ST., #800
AUSTIN TX 78701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1998

4. FEI Number

75-0571592

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCEO ☒ DELETE
NAME LINDERMAN, GEORGE L
STREET ADDRESS 504 LAVACA ST., #800
CITY-ST-ZIP AUSTIN TX 78701

TITLE DCS ☒ DELETE
NAME BRENNAN, JOHN E
STREET ADDRESS 504 LAVACA ST., #800
CITY-ST-ZIP AUSTIN TX 78701

TITLE PCOO ☐ DELETE
NAME KELLEY, PETER H
STREET ADDRESS 504 LAVACA ST., #800
CITY-ST-ZIP AUSTIN TX 78701

TITLE VCFO ☒ DELETE
NAME ENDRES, RONALD J
STREET ADDRESS 504 LAVACA ST., #800
CITY-ST-ZIP AUSTIN TX 78701

TITLE V ☒ DELETE
NAME CAPEZZUTI, NANCY M
STREET ADDRESS 504 LAVACA ST., #800
CITY-ST-ZIP AUSTIN TX 78701

TITLE VS ☐ DELETE
NAME MORGAN, DENNIS K
STREET ADDRESS 504 LAVACA ST., #800
CITY-ST-ZIP AUSTIN TX 78701

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO/COO/P ☒ Change ☐ Addition
1.2 NAME PETER H. KELLY
1.3 STREET ADDRESS 504 LAVACA STE 800
1.4 CITY-ST-ZIP AUSTIN TX 78701

2.1 TITLE SECRETARY ☐ Change ☒ Addition
2.2 NAME MORGAN, DENNIS K
2.3 STREET ADDRESS 504 LAVACA STE 800
2.4 CITY-ST-ZIP AUSTIN TX 78701

3.1 TITLE ASST SECRETARY ☐ Change ☒ Addition
3.2 NAME CASEY, MARY JO
3.3 STREET ADDRESS 504 LAVACA, STE 800
3.4 CITY-ST-ZIP AUSTIN TX 78701

4.1 TITLE ASST SECRETARY ☐ Change ☒ Addition
4.2 NAME GROCE, SUSAN
4.3 STREET ADDRESS 504 LAVACA STE 800
4.4 CITY-ST-ZIP AUSTIN TX 78701

5.1 TITLE ASST SECRETARY ☐ Change ☒ Addition
5.2 NAME SHERBENO, JOAN K
5.3 STREET ADDRESS 504 LAVACA, STE 800
5.4 CITY-ST-ZIP AUSTIN, TX 78701

6.1 TITLE REGIONAL V.P. ☐ Change ☒ Addition
6.2 NAME KARA, ALEXANDER
6.3 STREET ADDRESS 504 LAVACA, STE 800
6.4 CITY-ST-ZIP AUSTIN, TX 78701

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)