

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90319 010 ***150.00

DOCUMENT # F98000000291

1. Entity Name

ATLANTIC UTILITIES COMPANY

Southern Union Company

Principal Place of Business

504 LAVACA ST., #800
 AUSTIN TX 78701

Mailing Address

504 LAVACA ST., #800
 AUSTIN TX 78701-2939

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **75-0571592**

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

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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, 2000 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	PCEO	<input type="checkbox"/> Delete
NAME	KELLY, PETER H	
STREET ADDRESS	504 LAVACA ST., #800	
CITY-ST-ZIP	AUSTIN TX 78701	
TITLE	DCS	<input type="checkbox"/> Delete
NAME	MORGAN, DENNIS <i>MORGAN</i>	
STREET ADDRESS	504 LAVACA ST., #800	
CITY-ST-ZIP	AUSTIN TX 78701	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CASEY, MARY JO	
STREET ADDRESS	504 LAVACA ST., #800	
CITY-ST-ZIP	AUSTIN TX 78701	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GROCE, SUSAN	
STREET ADDRESS	504 LAVACA ST., #800	
CITY-ST-ZIP	AUSTIN TX 78701	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SHERBENCO, JOAN K	
STREET ADDRESS	504 LAVACA ST., #800	
CITY-ST-ZIP	AUSTIN TX 78701	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MORGAN, DENNIS K	
STREET ADDRESS	504 LAVACA ST., #800	
CITY-ST-ZIP	AUSTIN TX 78701	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Regional Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexander M. Kara	
STREET ADDRESS	504 Lavaca, Suite 800 Austin, TX 78701	
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David J Kvapil
 David J Kvapil

4/19/00

Date

512-370-8374

Daytime Phone #

CR2E034 (9/99)