2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # F9800000291 May 11, 2000 8:00 am Secretary of State 1. Entity Name ATLANTIC UTILITIES COMPANY 05-11-2000 90319 010 ***150.00 Principal Place of Business Mailing Address 504 LAVACA ST., #800 504 LAVACA ST., #800 AUSTIN TX 78701-2939 ALISTIN TX 78701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 75-0571592 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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. nature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PCEO** Change ☐ Addition TITLE □ Delete KELLY, PETER H NAME STREET ADDRESS STREET ADDRESS 504 LAVACA ST., #800 CITY-ST-ZIP CITY-ST-ZIP AUSTIN TX 78701 ☐ Addition DCS TIT! F ☐ Change TITLE ☐ Detete MERGAN, DENNIS MORGAN NAME NAME STREET ADDRESS STREET ADDRESS 504 LAVACA ST., #800 CITY-\$T-ZIP CITY-ST-ZIP **AUSTIN TX 78701** ☐.Addition Delete 🗻 TITLE Change _ NAME NAME CASEY, MARY JO STREET ADDRESS STREET ADDRESS 504 LAVACA ST., #800 CITY-ST-ZIP CITY-ST-ZIP **AUSTIN TX 78701** ☐ Addition TITLE AS Delete TITLE ☐ Change GROCE, SUSAN NAME NAME STREET ADDRESS STREET ADDRESS 504 LAVACA ST., #800 CITY-ST-7IP CITY-ST-7IP **AUSTIN TX 78701** ☐ Delete TITLE Change ☐ Addition SHERBENCO, JOAN K NAME STREET ADDRESS STREET ADDRESS 504 LAVACA ST., #800 CITY-ST-ZIP CITY-ST-ZIP **AUSTIN TX 78701** Regional Vice President Alexander M. Kava Delete TITLE ☐ Addition MORGAN, DENNIS K NAME STREET ADDRESS STREET ADDRESS 504 LAVACA ST., #800 501 Lykica, Suite POD Austin CITY-ST-ZIP AUSTIN TX 78701 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.