

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91281 044 ***150.00

DOCUMENT # F98000000291

1. Entity Name

SOUTHERN UNION COMPANY

DBA: ATLANTIC UTILITIES COMPANY

Principal Place of Business

Mailing Address

504 LAVACA STREET, SUITE 800
AUSTIN, TEXAS 78701

504 LAVACA STREET,
SUITE 800
AUSTIN, TEXAS 78701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-0571592

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 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, 2001 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 ☐ Delete
 NAME **CHIEF EXECUTIVE OFFICER**
 STREET ADDRESS **PETER H. KELLEY**
 CITY-ST-ZIP **504 LAVACA, SUITE 800**
AUSTIN, TEXAS 78701

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **PRESIDENT**
 STREET ADDRESS **THOMAS F. KARAM**
 CITY-ST-ZIP **504 LAVACA, SUITE 800**
AUSTIN, TEXAS 78701

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **REGIONAL VICE PRESIDENT**
 STREET ADDRESS **ALEXANDER M. KARA**
 CITY-ST-ZIP **504 LAVACA, SUITE 800**
AUSTIN, TEXAS 78701

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **CONTROLLER**
 STREET ADDRESS **STUART K. HARBOUR**
 CITY-ST-ZIP **504 LAVACA, SUITE 800**
AUSTIN, TEXAS 78701

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **SECRETARY**
 STREET ADDRESS **DENNIS K. MORGAN**
 CITY-ST-ZIP **504 LAVACA, SUITE 800**
AUSTIN, TEXAS 78701

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **ASSISTANT SECRETARY**
 STREET ADDRESS **MARY JO CASEY**
 CITY-ST-ZIP **504 LAVACA, SUITE 800**
AUSTIN, TEXAS 78701

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 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)(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.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DAVID J. KVAPIL

04/25/2001 (512) 370-8406

Date

Daytime Phone #

CR2E034 (11/00)