

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000004217

1. Entity Name
PEPCO ENERGY SERVICES, INC.



Principal Place of Business

1300 N. 17TH STREET
SUITE 1600
ARLINGTON, VA 22209 1

Mailing Address

1300 N. 17TH STREET
SUITE 1600
ARLINGTON, VA 22209 1

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
52-1927068

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAYBERRY, E.R.
STREET ADDRESS	1300 N. 17TH STREET, STE 1600
CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	CFO
NAME	MCDONNELL, JAMES C
STREET ADDRESS	1300 N. 17TH STREET, STE 1600
CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	S
NAME	MEIER, PETER E
STREET ADDRESS	1300 N. 17TH STREET, STE 1600
CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	C
NAME	MCPHUN, PETER
STREET ADDRESS	1300 N. 17TH STREET, STE 1600
CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	AS
NAME	CHMARA, ADAM S
STREET ADDRESS	1300 N. 17TH STREET, STE 1600
CITY-ST-ZIP	ARLINGTON, VA 22209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/05-80010-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter S. Meier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

703-253-1800

Daytime Phone #