

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90254 018 \*\*\*\*50.00

DOCUMENT # **MD1000000821** ✓

1. Entity Name

**SOUTHERN COMPANY ENERGY SOLUTIONS, LLC**

**DO NOT WRITE IN THIS SPACE**

**967583**

2. Principal Place of Business

**4000 DEKALB TECHNOLOGY PARKWAY**

Suite, Apt. #, etc.

3. Mailing Address

**270 PEACHTREE STREET**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**SUITE 100**

**SUITE 1400**

City & State

City & State

**ATLANTA, GA**

**ATLANTA, GA**

4. FEI Number

**58-2603305**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

Zip

Country

Zip

Country

**30340**

**30303**

7. Name and Address of Current Registered Agent

Name

**CORPORATION SERVICE COMPANY**

Street Address (P.O. Box Number is Not Acceptable)

**1201 HAYS STREET**

City

**TALLAHASSEE**

**FL**

Zip Code

**32301**

**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.

SIGNATURE

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
CEO	RONALD P. BERTASI	4000 DEKALB TECHNOLOGY PARKWAY	ATLANTA, GA 30340				
VP	MICHAEL E. ELLIS	4000 DEKALB TECHNOLOGY PARKWAY	ATLANTA, GA 30340				
T	ALLEN L. LEVERETT	270 PEACHTREE STREET	ATLANTA, GA 30303				
S	TOMMY CHISHOLM	270 PEACHTREE STREET	ATLANTA, GA 30303				

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE: 

SECRETARY

4/26/02

404-506-0540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)