2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M01000000821

Address:

270 PEACHTREE STREET

City-St-Zip: ATLANTA, GA 30303

Entity Name: SOUTHERN COMPANY ENERGY SOLUTIONS, LLC

FILED Feb 05, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
4000 DEKA SUITE 100 ATLANTA,		OGY PARKWAY			
Current Mailing Address:			New Mailing Address:		
270 PEACH SUITE 140 ATLANTA,		ĒΤ			
FEI Number:	58-2603305	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1201 HAYS TALLAHAS The above	SSEE, FL 3230	12525 US	ourpose of changing i	ts register	red office or registered agent, or both
in the State	e of Florida.				
SIGNATUR					
	Electron	c Signature of Registered Age	ent		Date
MANAGING MEMBERS/MEMBERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	BERTASI, RONA	ECHNOLOGY PARKWAY	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	ELLIS, MICHAÉ	ECHNOLOGY PARKWAY	Title: Name: Address: City-St-Zip:		(X) Change()Addition CKIE C (ALB TECHNOLOGY PARKWAY GA 30340
Title: Name: Address: City-St-Zip:	MGRM () LEVERETT, ALL 270 PEACHTRE ATLANTA, GA 3	E STREET	Title: Name: Address: City-St-Zip:	270 PEAC	(X) Change()Addition ROBERT M CHTREE STREET GA 30303
Title: Name:	MGRM () CHISHOLM, TO	Delete MMY	Title: Name:		() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: TOMMY CHISHOLM **MGRM** 02/05/2003