

**2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F23000005367

**Entity Name:** SOUTHWEST POWER POOL, INC.

**Current Principal Place of Business:**

201 WORTHEN DRIVE  
LITTLE ROCK, AR 72223

**Current Mailing Address:**

201 WORTHEN DRIVE  
LITTLE ROCK, AR 72223 US

**FEI Number: 71-0748158**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name CUPPARO, JOHN  
Address 201 WORTHEN DRIVE  
City-State-Zip: LITTLE ROCK AR 72223

Title VC  
Name MOORE, ELIZABETH  
Address 201 WORTHEN DRIVE  
City-State-Zip: LITTLE ROCK AR 72223

Title S  
Name SUSKIE, PAUL  
Address 201 WORTHEN DRIVE  
City-State-Zip: LITTLE ROCK AR 72223

Title D  
Name SUGG, BARBARA  
Address 201 WORTHEN DRIVE  
City-State-Zip: LITTLE ROCK AR 72223

Title D  
Name BASTONE, BRONWEN  
Address 201 WORTHEN DRIVE  
City-State-Zip: LITTLE ROCK AR 72223

Title D  
Name CERTOMA, SUSAN  
Address 201 WORTHEN DRIVE  
City-State-Zip: LITTLE ROCK AR 72223

Title DIRECTOR  
Name DIMITRY, IRENE  
Address 201 WORTHEN DRIVE  
City-State-Zip: LITTLE ROCK AR 72223

Title DIRECTOR  
Name HEPPER, RAYMOND  
Address 201 WORTHEN DRIVE  
City-State-Zip: LITTLE ROCK AR 72223

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PAUL SUSKIE**

**DIRECTOR & ASSOCIATE 01/23/2025  
GENERAL COUNSEL**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SOLOMON, STUART  
Address 201 WORTHEN DRIVE  
City-State-Zip: LITTLE ROCK AR 72223

Title DIRECTOR  
Name TROWBRIDGE, BEN  
Address 201 WORTHEN DRIVE  
City-State-Zip: LITTLE ROCK AR 72223

Title DIRECTOR  
Name WRIGHT, STEVE  
Address 201 WORTHEN DRIVE  
City-State-Zip: LITTLE ROCK AR 72223