

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000001939

**Entity Name:** CONSTELLATION ENERGY GAS CHOICE, INC.**Current Principal Place of Business:**595 SUMMER STREET, SUITE 300  
STAMFORD, CT 06901**Current Mailing Address:**100 CONSTELLATION WAY  
SUITE 500P  
BALTIMORE, MD 21202 US**FEI Number:** 06-1543530**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD., #221E  
PALM BEACH GARDENS, FL 33410 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 SECRETARY  
Name WILSON, BRUCE G  
Address 10 S DEARBORN  
49TH FLOOR  
City-State-Zip: CHICAGO IL 60603

Title PRESIDENT  
Name HUSTON, MARK P  
Address 100 CONSTELLATION WAY  
SUITE 500P  
City-State-Zip: BALTIMORE MD 21202

Title TREASURER  
Name FRANK, STACIE M  
Address 10 S DEARBORN  
49TH FLOOR  
City-State-Zip: CHICAGO IL 60603

Title DIRECTOR  
Name ELLSWORTH, DAVID  
Address 100 CONSTELLATION WAY  
SUITE 500P  
City-State-Zip: BALTIMORE MD 21202

Title DIRECTOR  
Name HUSTON, MARK P  
Address 100 CONSTELLATION WAY  
SUITE 500P  
City-State-Zip: BALTIMORE MD 21202

Title DIRECTOR  
Name NIGRO, JOSEPH  
Address 10 SOUTH DEARBORN STREET  
49TH FLOOR  
City-State-Zip: CHICAGO IL 60603

Title ASST. SECRETARY  
Name PETERS, SCOTT N  
Address 10 SOUTH DEARBORN STREET  
49TH FLOOR  
City-State-Zip: CHICAGO IL 60603

Title VP  
Name TERRY, THOMAS D  
Address 10 SOUTH DEARBORN STREET  
49TH FLOOR  
City-State-Zip: CHICAGO IL 60603

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SCOTT N. PETERS**ASSISTANT SECRETARY** 02/27/2014\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date