

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005526

Entity Name: AGL SERVICES COMPANY OF GEORGIA**Current Principal Place of Business:**10 PEACHTREE PLACE NE
LOCATION 1466
ATLANTA, GA 30309**Current Mailing Address:**10 PEACHTREE PLACE NE
LOCATION 1466
ATLANTA, GA 30309**FEI Number:** 58-2570546**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 CHAIRMAN, CEO, DIRECTOR
Name EVANS, ANDREW W
Address 10 PEACHTREE PLACE NE
LOCATION 1466
City-State-Zip: ATLANTA GA 30309

Title EXECUTIVE VICE PRESIDENT,
GENERAL COUNSEL AND DIRECTOR
Name SHLANTA, PAUL R
Address 10 PEACHTREE PLACE NE -
LOCATION 1466
City-State-Zip: ATLANTA GA 30309

Title PRESIDENT, CFO, TREASURER,
DIRECTOR
Name REESE, ELIZABETH W
Address 10 PEACHTREE PLACE NE
LOCATION 1466
City-State-Zip: ATLANTA GA 30309

Title S
Name BIERRIA, MYRA C
Address 10 PEACHTREE PLACE NE -
LOCATION 1466
City-State-Zip: ATLANTA GA 30309

Title AS
Name CHRISTOPHER, BARBARA P
Address 10 PEACHTREE PLACE NE -
LOCATION 1466
City-State-Zip: ATLANTA GA 30309

Title SVP, TAX
Name KOLVEREID, GRACE A.
Address 10 PEACHTREE PLACE NE
LOCATION 1466
City-State-Zip: ATLANTA GA 30309

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: BARBARA CHRISTOPHER**ASST. CORPORATE
SECRETARY****04/07/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date