

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005526

Entity Name: AGL SERVICES COMPANY OF GEORGIA**Current Principal Place of Business:**10 PEACHTREE PLACE NE
BIN GAS119
ATLANTA, GA 30309**Current Mailing Address:**10 PEACHTREE PLACE NE
BIN GAS119
ATLANTA, GA 30309 US**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 GREENE, KIMBERLY S.
Address 10 PEACHTREE PLACE NE
City-State-Zip: ATLANTA GA 30309

Title SENIOR VICE PRESIDENT, GENERAL
COUNSEL AND DIRECTOR
Name SLOVENSKY, DAVID E.
Address 10 PEACHTREE PLACE NE
City-State-Zip: ATLANTA GA 30309

Title EVP, CFO, TREASURER, DIRECTOR
Name TUCKER, DANIEL S.
Address 10 PEACHTREE PLACE NE
City-State-Zip: ATLANTA GA 30309

Title S, SECRETARY
Name CHRISTOPHER, BARBARA P
Address 10 PEACHTREE PLACE NE
City-State-Zip: ATLANTA GA 30309

Title SVP AND COMPTROLLER
Name KOLVEREID, GRACE A.
Address 10 PEACHTREE PLACE NE
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 P. CHRISTOPHER**CORPORATE
SECRETARY****04/13/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date