

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001025

Entity Name: ENERGYSOLUTIONS PERFORMANCE STRATEGIES INC.**Current Principal Place of Business:**423 WEST 300 SOUTH, SUITE 200
SALT LAKE CITY, UT 84101**Current Mailing Address:**423 WEST 300 SOUTH, SUITE 200
SALT LAKE CITY, UT 84101**FEI Number: 58-2010562****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 CEO
Name LOCKWOOD, DAVID J
Address 423 WEST 300 SOUTH, SUITE 200
City-State-Zip: SALT LAKE CITY UT 84101

Title CFO
Name WOOD, GREGORY S
Address 423 WEST 300 SOUTH, SUITE 200
City-State-Zip: SALT LAKE CITY UT 84101

Title PRES
Name NELSON, DEMETRA
Address 423 WEST 300 SOUTH, SUITE 200
City-State-Zip: SALT LAKE CITY UT 84101

Title VP
Name PARKER, ALAN
Address 423 WEST 300 SOUTH, SUITE 200
City-State-Zip: SALT LAKE CITY UT 84101

Title T
Name NILSSON, DAVID
Address 423 WEST 300 SOUTH, SUITE 200
City-State-Zip: SALT LAKE CITY UT 84101

Title ASST
Name ANDERSON, DAMON F
Address 423 WEST 300 SOUTH, SUITE 200
City-State-Zip: SALT LAKE CITY UT 84101

Title ASST. SECRETARY
Name NAKAISHI, HEIDI
Address 423 WEST 300 SOUTH, SUITE 200
City-State-Zip: SALT LAKE CITY UT 84101

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: DAMON F ANDERSON**ASST. SECRETARY****04/17/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date