

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213522931

1.) CORPORATION NAME:

**AEP Energy Services, Inc.**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1293127**

5.) STOCK INFORMATION

CLASS  AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 RIVERSIDE PLAZA

CITY/ST/ZIP: COLUMBUS, OH 43215

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NICHOLAS K. AKINS		
TITLE:	CHAIRMAN		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TODD D BUSBY		
TITLE:	PRESIDENT		
ADDRESS:	155 WEST NATIONWIDE BLVD		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRIAN X TIERNEY		
TITLE:	VP/CFO		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARK A PYLE		
TITLE:	VICE PRESIDENT		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JULIA A SLOAT		
TITLE:	VICE PRESIDENT		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RENEE V. HAWKINS		
TITLE:	ASST TREASURER		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		

NAME: DAVID M. FEINBERG TITLE: SECRETARY ADDRESS: 1 RIVERSIDE PLZ CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: THOMAS G. BERKEMEYER TITLE: ASST SECRETARY ADDRESS: 1 RIVERSIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: JOSEPH M. BUONAIUTO TITLE: CONTROLLER, CAO ADDRESS: 1 RIVERSIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: JEFFREY D. CROSS TITLE: ASST SECRETARY ADDRESS: 1 RIVERSIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: ANDREW B. REIS TITLE: ASST CONTROLLER ADDRESS: 1 RIVERSIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: JULIE WILLIAMS TITLE: ASST CONTROLLER ADDRESS: 1 RIVERSIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MARK A PYLE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARK A PYLE, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/15/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			