

1.) CORPORATION NAME:

**UGI ENERGY SERVICES, INC.**

DUE DATE: **10/31/2011**

SCC ID NO: **F1446824**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 460 N GULPH RD

CITY/ST/ZIP: KING OF PRUSSIA, PA 19406-

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:	BRADLEY C HALL	
TITLE:	PRESIDENT	
ADDRESS:	460 N GULPH RD	
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT H. KNAUSS	
TITLE:	VP & GEN COUNS	
ADDRESS:	460 NORTH GULPH ROAD	
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOSEPH L HARTZ	
TITLE:	VP-ASSET MANAGE	
ADDRESS:	460 N GULPH ROAD	
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SAMUEL MAURIELLO	
TITLE:	ASST TREASURER	
ADDRESS:	460 N GULPH ROAD	
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	HUGH J GALLAGHER	
TITLE:	TREASURER	
ADDRESS:	460 N GULPH RD	
CITY/ST/ZIP/CO:	KING OF PRUSSIA, PA 19406-	

NAME: MATTHEW S DUTZMAN TITLE: VICE PRESIDENT ADDRESS: 460 N GULPH RD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: AMY E HUNT TITLE: VICE PRESIDENT ADDRESS: 460 N GULPH RD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MICHAEL C GIBBS TITLE: VICE PRESIDENT ADDRESS: 460 N GULPH RD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ANGELA K RODRIGUEZ TITLE: CFO ADDRESS: 460 N GULPH RD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: PETER G TERRANOVA TITLE: VICE PRESIDENT ADDRESS: 460 N GULPH RD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MARGARET M CALABRESE TITLE: SECRETARY ADDRESS: 460 N GULPH RD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ANDREW S KOEHLER TITLE: CONTROLLER ADDRESS: 460 N GULPH RD CITY/ST/ZIP/CO: KING OF PRUSSIA, PA 19406-	<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/ SAMUEL MAURIELLO _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SAMUEL MAURIELLO, ASST TREASURER _____ PRINTED NAME AND CORPORATE TITLE
10/28/2011 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.	