

SCC eFile

2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

215534331

1.) CORPORATION NAME:

**Southeastern LNG, Inc.**

DUE DATE: **9/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1525239**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**GA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1200 SMITH ST STE 900

CITY/ST/ZIP: HOUSTON, TX 77002

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.

NAME: PETER I TUMMINELLO  
TITLE: PRESIDENT  
ADDRESS: 1200 SMITH ST STE 900  
CITY/ST/ZIP/CO: HOUSTON, TX 77002

OFFICER

DIRECTOR

NAME: STEPHEN J CITTADINE  
TITLE: VICE PRESIDENT  
ADDRESS: 1200 SMITH ST STE 900  
CITY/ST/ZIP/CO: HOUSTON, TX 77002

OFFICER

DIRECTOR

NAME: GRACE A. KOLVEREID  
TITLE: VP, TAX  
ADDRESS: TEN PEACHTREE PLACE  
CITY/ST/ZIP/CO: ATLANTA, GA 30309

OFFICER

DIRECTOR

NAME: BARBARA P CHRISTOPHER  
TITLE: ASST CORP SEC  
ADDRESS: TEN PEACHTREE PLACE  
CITY/ST/ZIP/CO: ATLANTA, GA 30309

OFFICER

DIRECTOR

NAME: DAT TRAN  
TITLE: ASST CORP SEC  
ADDRESS: 1200 SMITH ST STE 900  
CITY/ST/ZIP/CO: HOUSTON, TX 77002

OFFICER

DIRECTOR

NAME: L. STEPHEN CAVE  
TITLE: TREASURER  
ADDRESS: TEN PEACHTREE PLACE  
CITY/ST/ZIP/CO: ATLANTA, GA 30309

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL R SHLANTA DIR/EVP/GC TEN PEACHTREE PLACE ATLANTA, GA 30309	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN W. SOMERHALDER II DIR/CEO TEN PEACHTREE PLACE ATLANTA, GA 30309	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MYRA C. BIERRIA CORP SECRETARY TEN PEACHTREE PLACE ATLANTA, GA 30309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW W EVANS DIRECTOR TEN PEACHTREE PLACE ATLANTA, GA 30309	<input type="checkbox"/> OFFICER	<input checked="" 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/ BARBARA P CHRISTOPHER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BARBARA P CHRISTOPHER, ASST CORP SEC PRINTED NAME AND CORPORATE TITLE	9/18/2015 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.			