

1.) CORPORATION NAME:

DUE DATE: **11/30/2012**

**Pivotal Propane of Virginia, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1567900**

**CORPORATION SERVICE COMPANY**

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

**1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: TEN PEACHTREE PLACE  
LOC 1466

CITY/ST/ZIP: ATLANTA, GA 30309

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:	H. BRYAN BATSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	TEN PEACHTREE PLACE		
	LOC 1466		
CITY/ST/ZIP/CO:	ATLANTA, GA 30309		

NAME:	HENRY P LINGINFELTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	TEN PEACHTREE PLACE		
	LOC 1466		
CITY/ST/ZIP/CO:	ATLANTA, GA 30309		

NAME:	PAUL R SHLANTA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/GC		
ADDRESS:	TEN PEACHTREE PLACE		
	LOC. 1466		
CITY/ST/ZIP/CO:	ATLANTA, GA 30309		

NAME:	ANDREW W EVANS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST CORP SEC		
ADDRESS:	TEN PEACHTREE PLACE		
	LOC 1466		
CITY/ST/ZIP/CO:	ATLANTA, GA 30309		

NAME:	MYRA BIERRIA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CORP SEC		
ADDRESS:	TEN PEACHTREE PLACE		
	LOC 1466		
CITY/ST/ZIP/CO:	ATLANTA, GA 30309		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BABRARA P CHRISTOPHER ASST CORP SEC TEN PEACHTREE PLACE LOC 1466 ATLANTA, GA 30309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTOINETTE M LAMBERT ASST CORP SEC TEN PEACHTREE PLACE LOC 1466 ATLANTA, GA 30309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	L. STEPHEN CAVE TREASURER TEN PEACHTREE PLACE LOC 1466 ATLANTA, GA 30309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN W SOMERHALDER II DIRECTOR TEN PEACHTREE PLACE LOC 1466 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/ ANTOINETTE M LAMBERT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANTOINETTE M LAMBERT, ASST CORP SEC PRINTED NAME AND CORPORATE TITLE	9/20/2012 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.			