

1.) CORPORATION NAME:

AGL C&I Energy Services Inc.

DUE DATE: **6/30/2011**

SCC ID NO: **F1712399**

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**

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: 1200 SMITH STREET

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.

OFFICER DIRECTOR

NAME: PETER I TUMMINELLO
TITLE: PRESIDENT
ADDRESS: TEN PEACHTREE PL
LOC 1466
CITY/ST/ZIP/CO: ATLANTA, GA 30309-

OFFICER DIRECTOR

NAME: MYRA C. BIERRIA
TITLE: VP CORP S
ADDRESS: TEN PEACHTREE PLACE
LOCATION 1466
CITY/ST/ZIP/CO: ATLANTA, GA 30309-

OFFICER DIRECTOR

NAME: SCOTT E. MADDOX
TITLE: VICE PRESIDENT
ADDRESS: TEN PEACHTREE PLACE
LOCATION 1466
CITY/ST/ZIP/CO: ATLANTA, GA 30309-

OFFICER DIRECTOR

NAME: DAT T. TRAN
TITLE: ASST CORP S
ADDRESS: TEN PEACHTREE PLACE
LOCATION 1466
CITY/ST/ZIP/CO: ATLANTA, GA 30309-

NAME: ANDREW W. EVANS TITLE: EVP/CFO ADDRESS: TEN PEACHTREE PLACE LOCATION 1466 CITY/ST/ZIP/CO: ATLANTA, GA 30309-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN K LITTLE TITLE: SVP/CFO ADDRESS: TEN PEACHTREE PLACE LOCATION 1466 CITY/ST/ZIP/CO: ATLANTA, GA 30309-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: STEVEN S BAUM TITLE: VP ADDRESS: TEN PEACHTREE PLACE LOCATION 1466 CITY/ST/ZIP/CO: ATLANTA, GA 30309-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: PAUL SHLANTA TITLE: - ADDRESS: TEN PEACHTREE PLACE LOCATION 1466 CITY/ST/ZIP/CO: ATLANTA, GA 30309-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOHN SOMERHALDER, II TITLE: - ADDRESS: TEN PEACHTREE PLACE LOCATION 1466 CITY/ST/ZIP/CO: ATLANTA, GA 30309-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: BARBARA CHRISTOPHER TITLE: ASST SECRETARY ADDRESS: TEN PEACHTREE PLACE LOC 1466 CITY/ST/ZIP/CO: ATLANTA, GA 30309-	<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/ BARBARA CHRISTOPHER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BARBARA CHRISTOPHER, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
5/23/2011 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.	