

1.) CORPORATION NAME:

AGL C&I Energy Services Inc.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1712399**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

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 NE
LOCATION 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:	PETER I TUMMINELLO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	TEN PEACHTREE PLACE NE		
	LOCATION 1466		
CITY/ST/ZIP/CO:	ATLANTA, GA 30309		

NAME:	STEVEN S BAUM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	TEN PEACHTREE PLACE NE		
	LOCATION 1466		
CITY/ST/ZIP/CO:	ATLANTA, GA 30309		

NAME:	GRACE A. KOLVEREID	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	TEN PEACHTREE PLACE NE		
	LOCATION 1466		
CITY/ST/ZIP/CO:	ATLANTA, GA 30309		

NAME:	MARK RUEFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	TEN PEACHTREE PLACE NE		
	LOCATION 1466		
CITY/ST/ZIP/CO:	ATLANTA, GA 30309		

NAME:	JOHN W. SOMERHALDER, II	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	TEN PEACHTREE PLACE NE		
	LOCATION 1466		
CITY/ST/ZIP/CO:	ATLANTA, GA 30309		

NAME: MYRA C. BIERRIA TITLE: SECRETARY ADDRESS: TEN PEACHTREE PLACE NE LOCATION 1466 CITY/ST/ZIP/CO: ATLANTA, GA 30309	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: BARBARA P. CHRISTOPHER TITLE: ASST SECRETARY ADDRESS: TEN PEACHTREE PLACE NE LOCATION 1466 CITY/ST/ZIP/CO: ATLANTA, GA 30309	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: BRIAN K LITTLE TITLE: SVP/CFO ADDRESS: TEN PEACHTREE PLACE NE LOCATION 1466 CITY/ST/ZIP/CO: ATLANTA, GA 30309	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DAT T. TRAN TITLE: ASST SECRETARY ADDRESS: TEN PEACHTREE PLACE NE LOCATION 1466 CITY/ST/ZIP/CO: ATLANTA, GA 30309	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ANDREW W. EVANS TITLE: DIRECTOR ADDRESS: TEN PEACHTREE PL NE LOCATION 1466 CITY/ST/ZIP/CO: ATLANTA, GA 30309	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PAUL R. SHLANTA TITLE: DIRECTOR ADDRESS: TEN PEACHTREE PLACE NE LOCATION 1466 CITY/ST/ZIP/CO: 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 SECRETARY PRINTED NAME AND CORPORATE TITLE	7/1/2014 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.		