

February 9, 2010

James J. McNulty, Secretary Keystone Building, 2nd Floor, Room N201 Harrisburg, PA 17120

Re: Revision 1 to Application for Registration – SYR Solutions, L.P.

Please find enclosed one (1) original, three (3) hard copies, and one (1) electronic copy of Revision 1 to the Application to the Public Utility Commission (PUC) for SYR Solutions, L.P. to become licensed to provided electricity consulting services to large businesses (>25KW) in the State of Pennsylvania.

This Revision 1 is provided in response to a letter dated January 28, 2010 from your office noting two (2) deficiencies in the original Application and to also update Appendix B. We trust that this Revision 1 satisfies requirements in your letter.

Best Regards,

A. Parks Cobb, Jr.

CEO

Enclosures:

Original of Revision 1

Three (3) hard copies of Revision 1 One (1) electronic copy of Revision 1

Revision 1

Application of

SYR Solutions, L.P.

for approval to supply electric generation services to the public in the Commonwealth of Pennsylvania

February 9, 2010

A. P. Cobb, Jr., CEO

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SFORETARY SIDEAL

PENSION 1

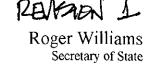
Attachment 1

Please refer to the following five (5) pages that evidence corporate filings with the Secretaries of State in Texas and Pennsylvania by SYR Solutions, L.P. to do business in the State of Texas and in the State of Pennsylvania in accordance with requirements of these respective states.



Corporations Section P.O.Box 13697 Austin, Texas 78711-3697





Office of the Secretary of State

CERTIFICATE OF FILING OF

SYR Solutions, LP File Number: 800596377

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Partnership (LP) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 01/09/2006

Effective: 01/09/2006

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Roger Williams Secretary of State

REVENON 1

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE CORPORATION BUREAU 401 NORTH STREET, ROOM 206 P.O. BOX 8722 HARRISBURG, PA 17105-8722 WWW.CORPORATIONS.STATE.PA.US/CORP

SYR Solutions, L.P.

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT <u>WWW.CORPORATIONS.STATE.PA.US/CORP</u> OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 3927868

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SECRETARY'S BUREAU

Cobb, Parks 11999 Katy Freeway Suite 510 Houston, TX 77079

ST. PAO4B

From:

pao4b@state.pa.us

Sent:

Thursday, December 03, 2009 12:23 PM

To:

Subject: PAO4B New Registration c

PENNSYLVANIA DEPARTMENT OF STA	1 5
CORPORATION BUREAU	
Anather Confidentian Foreign	

Application For Registration - Foreign

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	Rec	hared	I Imited	Liability	l imite	of Parin	warshio (6	8211	n e

- X. Limited Partnership (§ 8582)
- __ Limited Liability Company (§ 8981)

Document will be returned to the name and address you enter below.

Perks Cobb Address 11999 Kety Freeway Addre

Suite 510 City

State Zip Coda

Commonwealth of Pennsylvenia APPLICATION FOR REGISTRATION 2 Page(s)



Email: pc0bb@syrlp.com

Fee: \$250

in compliance with the requirements of the applicable provisions (relating to registration), the undersigned, destring to register to do business in this Commonwealth, hereby states that:

- The name to be registered is: SYR Solutions, L.P.
- (if the name set forth in paragraph 1 is not available for use in this Commonwealth, complete the following):
 The name under which the limited liability company/limited liability pertnership/limited partnership proposes to register and do business in this Commonwealth is :
- The name of the jurisdiction under the laws of which it was organized and the date of its formation: Jurisdiction:TX Date of Formation:01/17/2006

4.	The (a) address of this initial registered office in this Commonwealth or (b) name of its commercial registered office in
	and the county of venue is:

(a) Number and Street

City

Ζip County

(b)Name of Commercial Registered Office Provider

County Dauphin

National Registered Agents, Inc.

Check and complete one of the following:

The address of the office required to be maintained by it in the jurisdiction of its organization by the laws of that jurisdiction of its organization by the laws of that jurisdiction of its organization by the laws of that jurisdiction of its organization by the laws of that jurisdiction of its organization by the laws of that jurisdiction of its organization by the laws of that jurisdiction of its organization by the laws of that jurisdiction of its organization by the laws of that jurisdiction of its organization by the laws of that jurisdiction of its organization by the laws of that jurisdiction of its organization by the laws of that jurisdiction of its organization by the laws of that jurisdiction of its organization by the laws of that jurisdiction of its organization by the laws of that jurisdiction of its organization by the laws of the

11999 Katy FreewaySuite 510

77079 ZΙρ

Number and Street

City State

It is not required by the tawn of its jurisdiction of organization to maintain an office therein and the address of its principal office is:

Number and Street City

- For Restricted Professional Limited Liability Company Only. Strike out if inapplicable: The company is a metricled gradessional company organized to condent the following professional sendons (a):
- The name and husiness address of each general partner.
 Name Address(es) Z.

Application For Registration - Foreign

8,

Page 2 of 2
PEMPION 1

professional company organized to render the following professional services(s):

7. The name and business address of each general partner.

contribution is: Number and Street	City	State	Zip
11999 Katy FreewaySuite 510	Houston	TX	77079
The registered partnership hereby undertak Commonwealth is canceled or withdrawn.	es to keep those records	s until lita re	gistration to do business in the
		IN TESTIMONY WHEREOF, the under has caused this Application for Registrate be signed by a duly authorized office/m or manager thereof this day of	
			Name of Partnership/Company
t the second of the second	-		Name of Partnership/Company Signature
to the second of	-		

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Page 2 of 3 Page 2 of 2

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PENNSYLVANIA DEPARTMENT OF STATE CORPORATION BUREAU Foreign Signature Form

INVESTIMONY WHEREOF, the undersigned have caused this application to be executed this

Document must be completed and mailed to the address listed below.

Department of State Corporation Bureau P.O. Box 8722 Harrisburg, PA 17105-8722 (717) 787-1057

- 1. The enterprise structure is: Limited Partnership
- 2. The enterprise legal name is: ... SYR Solutions, L.P.
- 3. The enterprise's fictitious name is:

day of 120
SYR SOLUTIONS L.P.
Enterprise Name
Signature
CEO/Owner

0535720091203

Title

To evoid any delay or rejection, signature form(s) should be received within 7-10 days of the registration submission date.

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14. **NOTICE:** Pursuant to Section 5.14 of the Commission's Regulations, 52 Pa. Code §5.14, serve a copy of the signed and verified Application with attachments on the following:

Irwin A. Popowsky Office of Consumer Advocate 5th Floor, Forum Place 555 Walnut Street Harrisburg, PA 17120

William R. Lloyd, Jr. Commerce Building, Suite 1102 Small Business Advocate 300 North Second Street Harrisburg, PA 17101 Office of the Attorney General Bureau of Consumer Protection Strawberry Square, 14th Floor Harrisburg, PA 17120

Commonwealth of Pennsylvania Department of Revenue Bureau of Compliance Harrisburg, PA 17128-0946

ECRETARY'S BUREAU

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Any of the following Electric Distribution Companies through whose transmission and distribution facilities the applicant intends to supply customers:

Gary A. Jack, Assistant General Counsel Duquesne Light Company 411 Seventh Street, MD 16-4 Pittsburgh, PA 15219

(Metropolitan Edison Company or Pennsylvania Electric Company)
Blaine W. Uplinger, Jr., Director of Governmental and Regulatory Affairs
FirstEnergy
100 APC Building
800 North third Street
Harrisburg, PA 17102-2025

Carlo L. Ciabattoni, Manage Energy Acquisition PECO Energy Company
2301 Market Street
Philadelphia, PA 19101-8699
215.841.4210
carlo_ciabattoni@exeloncorp.com

John P. Litz, Division Controller UGI Utilities, Inc. Electric Division 400 Stewart Road P.O. Box 3200 Hanover Industrial Estates Wilkes-Barre, PA 18773-3200

Paul E. Russell, Associate General Counsel PPL Two North Ninth Street Allentown, PA 18108-1179

Stephen L. Feld, Attorney
Pennsylvania Power Company
First Energy Corporation
76 South Main Street
Akron, OH 44308

John L. Munsch, Attorney Allegheny Power 800 Cabin Hill Drive Greensburg, PA 15601-1689

Pursuant to Sections 1.57 and 1.58 of the Commission's Regulations, 52 Pa. Code §§1.57 and 1.58, attach Proof of Service of the Application and attachments upon the above named parties. Upon review of the Application, further notice may be required pursuant to Section 5.14 of the Commission's Regulations, 52 Pa. Code §5.14.

Please refer to <u>Attachment 2A</u> on the following page, which provides a Certification that originals or copies (as appropriate) of this Application and Revision 1 were sent to all of the above parties and Mr. James J. McNulty, Secretary, Keystone Building, 2nd Floor, Room N201, Harrisburg, PA 17120 on dates stated in the Certification.

Rakion 1

Attachment 2A

Certification

This is to certify that:

- 1) a complete copy of this Application was sent to the Office of the Attorney General Bureau of Consumer Protection, Mr. William R. Lloyd, Jr. Small Business Advocate, and the Commonwealth of Pennsylvania Department of Revenue on January 22, 2010 at the addresses on Page 7 of this Application,
- 2) a complete copy of this application was sent to all other parties listed on Page 7 of this Application on February 9, 2010,
- 3) the original, three copies, and an electronic copy of Revision 1 to this Application was sent to Mr. James J. McNulty, Secretary, Keystone Building, 2nd Floor, Room N201, Harrisburg, PA 17120 on February 9, 2010, and,
- 4) a copy of Revision 1 to this Application was sent to all parties listed on Page 7 of this Application on February 9, 2010.

A. P. Cobb, Jr., CEO SYR Solutions, L.P.

RECEIVED

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APPENDIX B

COMMONWEALTH OF PENNSYLVANIA PUBLIC UTILITY COMMISSION

TAX CERTIFICATION STATEMENT

A completed Tax Certification Statement must accompany all applications for new licenses, renewals or transfers. Failure to provide the requested information and/or any outstanding state income, corporation, and sales (including failure to file or register) will cause your application to be rejected. If additional space is needed, please use white 81/2" x 11" paper. Type or print all information requested

	1:2 000 10 20
1. CORPORATE OR APPLICANT NAME SYR SAUTIONS, L.P.	2. BUSINESS PHONE NO. (12) 1990-310 CONTACT PERSON(S) FOR TAX ACCOUNTS: A COUNTS: A CO
3. TRADE/FICTITIOUS NAME (IF ANY)	
4. LICENSED ADDRESS (STREET, RURAL ROUTE, PO, BO	7X 77079
5. TYPE OF ENTITY I SOLE PROPRIETOR	PARTNERSHIP CORPORATION
8. LIST OWNER(S), GENERAL PARTNERS, OR CORPORATE OFFICER(S)	
TARTER INVESTIGNED GR. LLC	SOCIAL SECURITY NUMBER (OPTIONAL)
NAME (PRINT)	SOCIAL SECURITY NUMBER (OPTIONAL)
PLEGIZOUP L.P. (N.C. LP)	
NAME (PRINT)	SOCIAL SECURITY NUMBER (OPTIONAL)
Mame (PRINT)	
NAME (PRINT)	SOCIAL SECURITY NUMBER (OPTIONAL)
2 4 0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
NOME (PRINT)	SOCIAL SECURITY NUMBER (OPTIONAL)
OFEB CRET	
9. LIST THE FALOWING TATE TAX IDENTIFICATION NUMBERS. (AL	LITEMS: A, B, AND C MUST BE COMPLETED).
A. SALES TAX LICENSE (8 DIGITS) APPLICATION	C. CORPORATE BOX NUMBER (7 DIGITS) APPLICATION
PENDING N/A	PENDING N/A
B. EMPLOYER ID (EIN) (9 DIGITS: APPLICATION $A = A = A = A = A = A = A = A = A = A $	
10. Do you have PA employes either resident or non-resident?	☐ YES ☐ NO
11. Do you own any assets or have an office in PA?	☐ YES ☐ NO
PA SALES AND USE TAX EMPLOYER TAXES	TAX RETURNS APLOBS SE CORPORATE TAXES
PHONE 28 - 990 - 1320 PHONE 28 - 9	90-1320 PHONE 28 -990-1320
Telephone inquiries about this form may be directed to	the rennsylvania Department of Revenue at the

following numbers: (717) 772-2673, TDD# (717) 772-2252 (Hearing Impaired Only)