

Thursday, November 21, 2013

Debra Howland Executive Director New Hampshire Public Utilities Commission 21 South Fruit Street, Suite 10 Concord, NH 03301-2429

NHPLIC 25NOV 13PM12:10

Dear Ms. Howland;

Enclosed is an initial application for Summit Energy Services, Inc., dba Schneider Electric Professional Services, for registration as an aggregator in the state of New Hampshire, as well as a \$250 check for payment. The electronic version of this application has been sent to Executive.Director@puc.nh.gov. Please review the application and let us know if you need anything else.

Thank you,

Lindsay Blume **Transaction Facilitator**

Enclosures

Schneider Electric

10350 Ormsby Park Place Suite 400 Louisville, KY 40223 USA 502-429-3800

www.schneider-electric.com

Form for Initial and Renewal Registration of Aggregators

- (a) The registration application required by Puc 2003.04(a) and Puc 2003.05(b) shall include the following:
 - The legal name of the applicant as well as any trade name(s) under which it intends to operate in this state;

Summit Energy Services, Inc. dba Schneider Electric Professional Services

(2) The applicant's business address, telephone number, e-mail address and website address, as applicable;

10350 Ormsby Park Place, Suite 400 Louisville, KY 40223 502-429-3800 www.summitenergy.com

(3) The name(s), title(s), business address(es), telephone number(s), and e-mail address(es) of the applicant if an individual or of the applicant's principal(s), if the applicant is anything other than an individual;

Steve Wilhite
President & CEO
10350 Ormsby Park Place
Suite 400
Louisville, KY 40223
502-753-3103
Steve.Wilhite@ems.schneider-
electric.com

Mark Boyer COO 10350 Ormsby Park Place Suite 400 Louisville, KY 40223 502-753-3125 Mark.Boyer@ems.schneiderelectric.com

(4) The telephone number of the customer service department or the name, title, telephone number and e-mail address of the customer service contact person of the applicant, including toll free telephone numbers if available

Holly Liter Director, Sourcing 10350 Ormsby Park Place, Suite 400 Louisville, KY 40223 502-753-3181 Holly.Liter@ems.schneider-electric.com 1-866-90-SUMMIT (5) A copy of the applicant's authorization to do business in New Hampshire from the secretary of state, if anything other than an individual;

See Attached

(6) Description of the geographic areas of New Hampshire in which the applicant intends to provide service, consistent with Puc 2006.01(a)(10) above; 20 Puc 2000 NEW HAMPSHIRE CODE OF ADMINISTRATIVE RULES

Summit Energy Services, Inc. intends to do business with commercial and industrial clients behind National Grid of NH, Public Service of New Hampshire, & Unitil.

(7) A statement that the applicant is not representing any supplier interest or a listing of any supplier interest the applicant intends to represent;

See Attached

(8) Except as provided in 2003.04(e), payment of the required filing fee;

Enclosed

(9) The signature of the applicant or its representative.

See Attached

State of New Hampshire

OFFICE OF SECRETARY OF STATE



I, DAVID M. SCANLAN, Deputy Secretary of State of the State of New Hampshire, do hereby certify that the attached is a true copy of Application for Certificate of Authority of Summit Energy Services, Inc. as filed in this office and held in the custody of the Secretary of State.



In **Destimony Whereof**, I hereto set my hand and cause to be affixed the Seal of the State, at Concord, this 25th day of October A.D. 2013

Deputy Secretary of State

Filed Date Filed: 12/01/2010 Business ID: 639502 William M. Gardner Secretary of State

State of New Hampshire

 Filing fee:
 \$50.00

 Fee for Form SRA:
 \$50.00

 Total fees
 \$100.00

 Use black print or type.

 Form must be single-sided on 8½" x 11"paper:

 double sided copies will not be accepted.

Form 40 RSA 293-A:15,03

APPLICATION FOR CERTIFICATE OF AUTHORITY FOR PROFIT FOREIGN CORPORATION

TO THE SECRETARY OF STATE OF THE STATE OF NEW HAMPSHIRE

PURSUANT TO THE PROVISIONS OF THE NEW HAMPSHIRE BUSINESS CORPORATION ACT, THE UNDERSIGNED CORPORATION HEREBY APPLIES FOR A CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN NEW HAMPSHIRE AND FOR THAT PURPOSE SUBMITS THE FOLLOWING STATEMENT:

FIRST: The name of the corporation is Summit Energy Services, Inc.

SECOND: The name which it elects to use in New Hampshire is Summit Energy Services, Inc.

THIRD: It is incorporated under the laws of Delaware

FOURTH: The date of its incorporation is July 26, 2004 and the period of its duration is perpetual ______.

FIFTH: The complete address (including zip code and post office box, if any) of its principal office is ______ 10350 Ormsby Park Place, Suite 400, Louisville, Kentucky 40223

SIXTH: The name of its registered agent <u>IN NEW HAMPSHIRE</u> is <u>Corporation Service Company d/b/a</u> Lawyers incorporating <u>Service</u> and the complete address (including zip code and post office box, if any) of its registered office <u>IN NEW HAMPSHIRE</u> is (agent's business address) 14 Centre Street, Concord, New Hampshire 03301

SEVENTH: The sale or offer for sale of any ownership interests in this business will comply with the requirements of the New Hampshire Uniform Securities Act (RSA 421-B).

EIGHTH: The principal purpose or purposes which it proposes to pursue in the transaction of business in New Hampshire are

Energy consulting and related mana	gement services.	
	State of New Hampshire Form 40 - Application for Certificate of Authority 5 Page(s)	<u>}</u>
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T1033625017

APPLICATION FOR CERTIFICATE OF AUTHORITY

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Form 40 (Cont.)

NINTH: The names and usual business addresses of its current officers and directors are: (If there are additional officers or directors, attach additional sheet OR if the laws of the state of incorporation do not require directors, indicate below.)

	ire directors, indicate below.) <u>Name</u>	Title	Address
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		By HRONG	D. A
		Signature of its Chief Financial Office	r
		George Willett	
•		Print or type name	
•		Date signed: <u>November/8, 2010</u>	
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availa Mail f <u>GOOI</u>	ble for public inspection in c fees, <u>DATED & SIGNED OF</u> D STANDING ISSUED BY	led with the Corporate Division become ither tangible or electronic form. <u>RIGINAL, ORIGINAL CERTIFICATE</u> THE STATE OR COUNTRY OF INC artment of State, 107 North Main Street	OF LEGAL EXISTENCE OR ORPORATION AND FORM
		Page 2 of 2	10/0
			Form 40 Page 2 V-1

ATTACHMENT \ APPLICATION FOR CERTIFICATE OF AUTHORITY STATE OF NEW HAMPSHIRE BY SUMMIT ENERGY SERVICES, INC.

Item 7. Name and addresses of officers and directors.

OFFICERS:

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Steve Wilhite	President	10350 Ormsby Park Place, Suite 400 Louisville, Kentucky 40223			
Mark Boyer	Vice President	10350 Ormsby Park Place, Suite 400 Louisville, Kentucky 40223			
George Willett	Chief Financial Officer	10350 Ormsby Park Place, Suite 400 Louisville, Kentucky 40223			
Michele Drechsel	Secretary and Treasurer	10350 Ormsby Park Place, Suite 400 Louisville, Kentucky 40223			
DIRECTORS:					

Chip Baird

Mark Bono

Mark Boyer

Douglas Cobb

Steve Wilhite

15210757.3 11/17/2010 10350 Ormsby Park Place, Suite 400 Louisville, Kentucky 40223

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10350 Ormsby Park Place, Suite 400 Louisville, Kentucky 40223

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUMMIT ENERGY SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF NOVEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUMMIT ENERGY SERVICES, INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

3758387 8300

101110421 You may verify this certificate onlin. at corp.delaware.gov/authver.shtml

AUTHENTYC

Jeffrey W Bullock, TION: 8370288

DATE: 11-22-10

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Verification of Application

Summit Energy Services, Inc. is not representing any supplier interest and acts as an entirely unbiased third party with the customer's best interests in mind. I confirm that all information provided in this application is true, correct, and complete to the best of my knowledge, information, and belief.

Signature

Bill Brewer

Name

VP – Regional Operations, Americas

Position Held