2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000011194

Entity Name: ES OPCO USA LLC

Current Principal Place of Business:

10800 PECAN PARK BLVD SUITE 300

AUSTIN, TX 78750

Current Mailing Address:

10800 PECAN PARK BLVD SUITE 300

AUSTIN, TX 78750 US

FEI Number: 84-3689531 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Mar 03, 2023

Secretary of State

5760998247CC

Authorized Person(s) Detail:

Title MANAGER Title MEMBER

Name MCEUEN, TRACE Name AES/ENS HOLDINGS

Address 10800 PECAN PARK BLVD Address 10800 PECAN PARK BLVD

SUITE 300 SUITE 300

City-State-Zip: AUSTIN TX 78750 City-State-Zip: AUSTIN TX 78750

Title CFO Title TREASURER

Name SMITH, CODY Name SMITH, CODY

Address 10800 PECAN PARK BLVD Address 10800 PECAN PARK BLVD

SUITE 300 SUITE 300

City-State-Zip: AUSTIN TX 78750 City-State-Zip: AUSTIN TX 78750

Title MANAGER Title CEO

Name POTTS, R. CHRISTOPHER Name MCEUEN, TRACE

Address 10800 PECAN PARK BLVD Address 10800 PECAN PARK BLVD

SUITE 300 SUITE 300

City-State-Zip: AUSTIN TX 78750 City-State-Zip: AUSTIN TX 78750

Title AUTHORIZED MEMBER

Name OLDS, RICK

Address 10800 PECAN PARK BLVD

SUITE 300

City-State-Zip: AUSTIN TX 78750

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICK OLDS AUTHORIZED PERSON 03/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date