

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90248 022 \*\*\*150.00

**DOCUMENT # P97000041869**

1. Entity Name  
**VIASYS UTILITY SERVICES, INC.**

Principal Place of Business: **135 HORIZON COURT LAKELAND FL 33813**  
 Mailing Address: **135 HORIZON COURT LAKELAND FL 33813 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.:  
 City & State:  
 Zip: Country:



MOORE CR2E034 (11/03)

3. Mailing Address: Suite, Apt. #, etc.:  
 City & State:  
 Zip: Country:

4. FEI Number: **65-0750030**  
 Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JENNINGS, ANDREA**  
**135 HORIZON COURT**  
**LAKELAND FL 33813**

7. Name and Address of New Registered Agent  
 Name: **Elessar, Shari**  
 Street Address (P.O. Box Number is Not Acceptable):  
**135 Horizon Court**  
 City: **Lakeland** State: **FL** Zip Code: **33813**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: **4/22/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
|---|--|--|--|
| TITLE: <b>VP</b><br>NAME: <b>REICHART, M KEVIN</b><br>STREET ADDRESS: <b>135 HORIZON COURT</b><br>CITY-ST-ZIP: <b>LAKELAND FL 33813</b> | <input checked="" type="checkbox"/> Delete | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: <b>POD</b><br>NAME: <b>MC NEILL, LANCE</b><br>STREET ADDRESS: <b>135 HORIZON COURT</b><br>CITY-ST-ZIP: <b>LAKELAND FL 33813</b>  | <input type="checkbox"/> Delete            | TITLE: _____<br>NAME: <b>Not a Director see attached for Directors</b><br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: <b>VPAS</b><br>NAME: <b>PALMER, STEVE</b><br>STREET ADDRESS: <b>135 HORIZON COURT</b><br>CITY-ST-ZIP: <b>LAKELAND FL 33813</b>   | <input type="checkbox"/> Delete            | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: <b>S</b><br>NAME: <b>JENNINGS, ANDREA</b><br>STREET ADDRESS: <b>135 HORIZON CT.</b><br>CITY-ST-ZIP: <b>LAKELAND FL 33813</b>     | <input type="checkbox"/> Delete            | TITLE: <b>Assistant Secretary</b><br>NAME: <b>Jennings, Andrea</b><br>STREET ADDRESS: <b>135 Horizon CT</b><br>CITY-ST-ZIP: <b>Lakeland FL 33813</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: <b>V</b><br>NAME: <b>HULBERT, KEITH</b><br>STREET ADDRESS: <b>135 HORIZON COURT</b><br>CITY-ST-ZIP: <b>LAKELAND FL 33813</b>     | <input type="checkbox"/> Delete            | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____  | <input type="checkbox"/> Delete            | TITLE: <b>Secretary</b><br>NAME: <b>Elessar, Shari</b><br>STREET ADDRESS: <b>135 Horizon CT</b><br>CITY-ST-ZIP: <b>Lakeland, FL 33813</b>            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4-22-04 (8:03) 1007-9988**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
24657929

#  
D97000041869

Board of Directors

**Directors**

Mel Harris, Director  
Preferred Employers Holdings, Inc.  
10800 Biscayne Blvd., 10<sup>th</sup> Floor  
Miami, FL 33161

Doug Berman, Director  
H.I.G. Capital  
1001 Brickell Bay Drive  
27<sup>th</sup> Floor  
Miami, FL 33131