

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000025440

**Entity Name:** PEBBLE CREEK UTILITIES, INC.

**Current Principal Place of Business:**

200 WEATHERSFIELD AVENUE  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

2335 SANDERS RD  
NORTHBROOK, IL 60062 US

**FEI Number:** 36-3980286

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Officer/Director Detail :**

Title            PRES; DIR  
Name            SPARROW, LISA  
Address        2335 SANDERS RD  
City-State-Zip: NORTHBROOK IL 60062

Title            SEC; VP; DIR  
Name            STOVER, JOHN  
Address        2335 SANDERS RD  
City-State-Zip: NORTHBROOK IL 60062

Title            VP  
Name            SUDDUTH, DON  
Address        2335 SANDERS RD  
City-State-Zip: NORTHBROOK IL 60062

Title            VP  
Name            HOY, JOHN  
Address        2335 SANDERS RD  
City-State-Zip: NORTHBROOK IL 60062

Title            TREASURER; VP  
Name            JAPCZYK, JAMES  
Address        2335 SANDERS RD  
City-State-Zip: NORTHBROOK IL 60062

Title            VP  
Name            DURHAM, RICK  
Address        2335 SANDERS RD  
City-State-Zip: NORTHBROOK IL 60062

Title            VP  
Name            LUBERTOZZI, STEVEN  
Address        2335 SANDERS RD  
City-State-Zip: NORTHBROOK IL 60062

Title            ASSISTANT SECRETARY  
Name            PLUMB, DEBRA  
Address        2335 SANDERS RD  
City-State-Zip: NORTHBROOK IL 60062

*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 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEBRA PLUMB

**ASSISTANT SECRETARY    04/09/2014**

Electronic Signature of Signing Officer/Director Detail

Date