

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 832631

1. Entity Name

PSG PROFESSIONAL SERVICES GROUP, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90001 025 ***550.00

Principal Place of Business

14950 HEATHROW FOREST PWY 200
HOUSTON TX 77032-3842
US

Mailing Address

14950 HEATHROW FOREST PWY 200
HOUSTON TX 77032-3842
US

2. Principal Place of Business

3. Mailing Address

C/O US Filter

Suite, Apt. #, etc.

181 Thorn Hill Road

City & State

Warrendale, PA

Zip

15086

Country

US

Country

US

4. FEI Number

41-0644191

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MALLET, THIENNY 30 HARVARD MILL SQUARE WAKEFIELD FL 01880	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARDSON, KENT 14950 HEATHROW FOREST PWY 200 HOUSTON TX 77032-3842	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS NELSON, WILFRED 14950 HEATHROW FOREST PKWY, STE #200 HOUSTON TX 77032-3842	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLACK, ROBERT 14950 HEATHROW FOREST PWY 200 HOUSTON TX 77032-3842	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAHAM, DONALD 14950 HEATHROW FOREST PWY 200 HOUSTON TX 77032-3842	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VIDAL, JOSEPH 30 HARVARD MILL SQUARE WAKEFIELD MA 01880	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Stark, Michael 30 Harvard Mill Square Wakefield, MA 01880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Richardson, Kent 14950 Heathrow Forest Pwy 200 Houston, TX 77032-3842	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Chisholm, Christopher 14950 Heathrow Forest Pwy 200 Houston TX 77032-3842	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Stawezak, Steven 14950 Heathrow Forest Pwy 200 Houston, TX 77032-3842	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT John M. Bigley 181 Thorn Hill Drive Warrendale, PA 15086	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Bigley

Aug 4, 2000

(724) 772-1385

Date

Daytime Phone #

CR2E034 (5/00)