10410

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000001478

1. Entity Name
SEVERN TRENT WATER PURIFICATION, INC.

Principal Place of Business	Mailing Address
580 VIRIGINIA DRIVE 300 FORT WASHINGTON, PA 19034	580 VIRIGINIA DRIVE 300 FORT WASHINGTON, PA 19034

02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2259749
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	GRAZIANO, LEONARD F
STREET ADDRESS	580 VIRGINIA DRIVE
CITY-ST-ZIP	FT. WASHINGTON, PA 19034
TITLE	D
NAME	CHESTER, DAVID L
STREET ADDRESS	580 VIRGINIA DRIVE
CITY-ST-ZIP	FT. WASHINGTON, PA 19034
TITLE	CFO
NAME	KAPLAN, MICHAEL J
STREET ADDRESS	580 VIRGINIA DRIVE
CITY-ST-ZIP	FT. WASHINGTON, PA 19034
TITLE	DT
NAME	KELLY, KENNETH J
STREET ADDRESS	580 VIRGINIA DRIVE
CITY-ST-ZIP	FT. WASHINGTON, PA 19034
TITLE	V
NAME	PEARCE, TERRY
STREET ADDRESS	580 VIRGINIA DRIVE
CITY-ST-ZIP	FT. WASHINGTON, PA 19034
TITLE	V
NAME	FERNANDEZ, RANDY
STREET ADDRESS	16337 PARK ROW
CITY-ST-ZIP	HOUSTON, TX 77084

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03/14/06-80003-005 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ MICHAEL KAPLAN 2/20/06 215-283-6103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #