

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90020 004 ***158.75

DOCUMENT # F02000001478

1. Entity Name

SEVERN TRENT WATER PURIFICATION, INC.



Principal Place of Business

580 VIRGINIA DRIVE
300
FORT WASHINGTON, PA 19034

Mailing Address

580 VIRGINIA DRIVE
300
FORT WASHINGTON, PA 19034

40030373



01072008 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

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 1110 Industrial Blvd.
CITY-ST-ZIP	HOUSTON, TX 77084 Sugar Land TX 77478

**DO NOT WRITE
IN THIS SPACE**

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* MICHAEL KAPLAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 7, 2008

Date

215-283-6103

Daytime Phone #