

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90161 004 ***158.75

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1. Entity Name
SEVERN TRENT WATER PURIFICATION, INC.



Principal Place of Business
**3000 ADVANCE LANE
COLMAR PA 18915**

Mailing Address
**3000 ADVANCE LANE
COLMAR PA 18915**

2. Principal Place of Business
580 VIRGINIA DRIVE

3. Mailing Address
580 VIRGINIA DRIVE

Suite, Apt. #, etc.
300

Suite, Apt. #, etc.
SUITE 300

City & State
Fort WASHINGTON PA

City & State
Fort WASHINGTON PA

Zip
19034

Country
USA

Zip
19034

Country
USA

☐ CHECK HERE IF MAKING CHANGES

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

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. 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, 2003 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCEO
GRAZIANO, LEONARD F
580 VIRGINIA DRIVE
FT. WASHINGTON PA 19034** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
DAVID L. CHESTER
580 VIRGINIA DRIVE
FT WASHINGTON PA 19034** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FLEMING, HUBERT
580 VIRGINIA DRIVE
FT. WASHINGTON PA 19034** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CONTROLLER
MICHAEL J KAPLAN
580 VIRGINIA DRIVE
FT WASHINGTON PA 19034** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
GULLIVER, DANIEL J
580 VIRGINIA DRIVE
FT. WASHINGTON PA 19034** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
KELLY, KENNETH J
580 VIRGINIA DRIVE
FT. WASHINGTON PA 19034** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
PEARCE, TERRY
580 VIRGINIA DRIVE
FT. WASHINGTON PA 19034** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FERNANDEZ, RANDY
16337 PARK ROW
HOUSTON TX 77084** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 REQUIRED MICHAEL J KAPLAN 4/29/03 215-283-6103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)