## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PI

## 04 APR 15 AM 8: 32 DOCUMENT # F02000005555 1. Entity Name AQUASOURCE OPERATIONS, INC. SECHETARY OF STATE PALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 411 SEVENTH AVENUE, 14TH FLOOR 411 SEVENTH AVENUE, 14TH FLOOR PITTSBURGH, PA 15219 PITTSBURGH, PA 15219 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 43-1979151 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 300033110963 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Addition NAME HOFFMAN, FRANK A NAME Nicholas DeBenedictis STREET ADDRESS 411 SEVENTH AVENUE, 14TH FLOOR STREET ADDRESS 762 W. Lancaster Ave. PITTSBURGH, PA 15219 CITY-ST-ZIP CITY-ST-ZIP Bryn Mawr, PA 19010 TITLE ☐ Delete TITL F Change Addition VILLIOTTI, ANTHONY J NAME NAME Richard D. Hugus STREET ADDRESS 411 SEVENTH AVENUE, 14TH FLOOR STREET ADDRESS 762 W. Lancaster Ave. CITY-ST-7IP PITTSBURGH, PA 15219 CITY-ST-ZIP Bryn Mawr, PA 19010 ☐ Change TITLE □ Delete TITLE Addition STANEK, MARTIN J NAME NAME Glenn P. LaBrecque 411 SEVENTH AVENUE, 14TH FLOOR STREET ADDRESS STREET ADDRESS 6960 Professional Pkwy. East, Suite 400 CITY-ST-ZIP PITTSBURGH, PA 15219 CITY-ST-ZIP <u>Sarasota, FL 34240</u> TITLE ☐ Delete TITLE Change ☐ Addition V/S COLIN, MARY D NAME NAME Roy H. Stahl 762 W. Lancaster Ave. Bryn Mawr, PA 19010 STREET ADDRESS 411 SEVENTH AVENUE, 14TH FLOOR STREET ADDRESS CITY-ST-ZIP PITTSBURGH, PA 15219 CITY-ST-ZIP VP TITLE ☐ Delete TITLE Change ☐ Addition V/T BEYER, DAVID J NAME NAME Kathy Pape 762 W. Lancaster Ave. 11100 BRITTMOORE PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP HOUSTON, TX 77041 CHTY-ST-ZIP Bryn Mawr, PA 19010 TITLE ☐ Delete TITLE Change ☐ Addition S LABRECQUE, GLENN P NAME NAME Nancy Guth 6960 Professional Pkwy. East, Suite 400 STREET ADDRESS 6960 PROFESSIONAL PARKWAY E., SUITE 400 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing access 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 suppliemental report is true and acceptate 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 trusted-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. 3-31-04 941-907-1411 SIGNATURE:

SIGNING OFFICER OR DIRECTOR

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