

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90044 013 \*\*\*150.00

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03092005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F02000005555</b> 1. Entity Name <b>AQUASOURCE OPERATIONS, INC.</b>					
Principal Place of Business <b>411 SEVENTH AVENUE, 14TH FLOOR PITTSBURGH, PA 15219</b>			Mailing Address <b>411 SEVENTH AVENUE, 14TH FLOOR PITTSBURGH, PA 15219</b>		
2. Principal Place of Business <b>762 W. Lancaster Ave.</b>		3. Mailing Address <b>762 W. Lancaster Ave.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Bryn Mawr, PA</b>		City & State <b>Bryn Mawr, PA</b>		4. FEI Number <b>43-1979151</b>	
Zip <b>19010</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HOFFMAN, FRANK A</b> <input checked="" type="checkbox"/> Delete <b>411 SEVENTH AVENUE, 14TH FLOOR</b> <b>PITTSBURGH, PA 15219</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director and Chair man</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Nicholas DeBenedictis</b> <b>762 W. Lancaster Ave.</b> <b>Bryn Mawr, PA 19010</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Delete <b>VILLIOTTI, ANTHONY J</b> <b>411 SEVENTH AVENUE, 14TH FLOOR</b> <b>PITTSBURGH, PA 15219</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Richard D. Hugus</b> <b>762 W. Lancaster Ave.</b> <b>Bryn Mawr, PA 19010</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Delete <b>STANEK, MARTIN J</b> <b>411 SEVENTH AVENUE, 14TH FLOOR</b> <b>PITTSBURGH, PA 15219</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Glenn P. LaBrecque</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>V.P. - Florida Operations</b> <b>6960 Professional Parkway East</b> <b>Sarasota, FL 34240</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Delete <b>COLIN, MARY D</b> <b>411 SEVENTH AVENUE, 14TH FLOOR</b> <b>PITTSBURGH, PA 15219</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Roy H. Stahl</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Vice President and Secretary</b> <b>762 W. Lancaster Avenue</b> <b>Bryn Mawr, PA 19010</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>BEYER, DAVID J</b> <b>11100 BRITTMORE PARK DRIVE</b> <b>HOUSTON, TX 77041</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>David P. Smeltzer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Vice President and Chief Financial Officer</b> <b>762 W. Lancaster Ave.</b> <b>Bryn Mawr, PA 19010</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Delete <b>LABRECQUE, GLENN P</b> <b>6960 PROFESSIONAL PARKWAY E., SUITE 400</b> <b>SARASOTA, FL 34240</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Kathy L. Pape</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Vice President and Treasurer</b> <b>762 W. Lancaster Ave.</b> <b>Bryn Mawr, PA 19010</b>	
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.					
<b>SIGNATURE:</b>			<b>3/10/05</b> <b>810-527-8000</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		