

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90116 014 ***150.00

DOCUMENT # F02000005822 1. Entity Name OSMOSE UTILITIES SERVICES, INC.	
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Principal Place of Business 980 ELLICOTT STREET BUFFALO, NY 14209 US	Mailing Address 980 ELLICOTT STREET BUFFALO, NY 14209 US
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DO NOT WRITE IN THIS SPACE

40080687



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 35-2175310	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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.

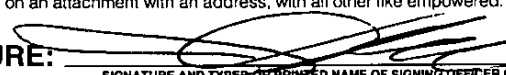
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SPENGLER, JAMES R JR. 980 ELLICOTT STREET BUFFALO, NY 14209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARSON, LARRY B 980 ELLICOTT STREET BUFFALO, NY 14209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUTERA, ROBERT 980 ELLICOTT STREET BUFFALO, NY 14209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHILDRESS, RON A 201 HOLIDAY BLVD., SUITE 300 COVINGTON, LA 70433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALSCH, PHIL 1 ADLER DRIVE EAST SYRACUSE, NY 13057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD JENTSCH, MARK 980 ELLICOTT STREET BUFFALO, NY 14209

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IN THIS SPACE**

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:  James T. Clark 4/28/05 716-882-5905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #