2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90116 014 ***150.00

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1. Entity Name
OSMOSE UTILITIES SERVICES, INC.

40080687

Principal Place of Business	Mailing Address
980 ELLICOTT STREET BUFFALO, NY 14209 US	980 ELLICOTT STREET BUFFALO, NY 14209 US

04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2175310
☐ 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

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

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	SPENGLER, JAMES R JR.
STREET ADDRESS	980 ELLICOTT STREET
CITY-ST-ZIP	BUFFALO, NY 14209
TITLE	PD
NAME	LARSON, LARRY B
STREET ADDRESS	980 ELLICOTT STREET
CITY-ST-ZIP	BUFFALO, NY 14209
TITLE	V
NAME	BUTERA, ROBERT
STREET ADDRESS	980 ELLICOTT STREET
CITY-ST-ZIP	BUFFALO, NY 14209
TITLE	V
NAME	CHILDRESS, RON A
STREET ADDRESS	201 HOLIDAY BLVD., SUITE 300
CITY-ST-ZIP	COVINGTON, LA 70433
TITLE	V
NAME	HALSCH, PHIL
STREET ADDRESS	1 ADLER DRIVE
CITY-ST-ZIP	EAST SYRACUSE, NY 13057
TITLE	VSTD
NAME	JENTSCH, MARK
STREET ADDRESS	980 ELLICOTT STREET
CITY-ST-ZIP	BUFFALO, NY 14209

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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 #