## 2007 FOR PROFIT CORPORATION REINSTATEMENT

					1	11 to		
	MENT # F06000005							
1. Entity Name SEVERN TRENT SERVICES, INC.								
					2007 OCT 29 AM 10: 15			
Principal Place of Business Mailing Address					oredett	SY GF	STATL	
580 VIRGINI/ Suite 300	A DRIVE	580 VIRGINIA DRIVE Suite 300			SECRETA TALLAHA	SSEE.F	LORIDA	٠,
FORT WASHINGTON, PA 19034 FORT WASHINGTON, PA			19034	1				<b>61</b> (4)(1.0)
Principal Place of Business - No P.O. Box #     3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1005200 LEGITATEMENT (1/07)			
City & Stat	e	City & State			4. FEI Number			plied For
		Tio Tio			23-2660702	Not Applicable		
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired		<b>8.75</b> Add se Required	
6. Name and Address of Current Registered Agent				Nome	7. Name and Address of New Re	gistered Ag	ent	
C T-CGRPORATION-SYSTEM								
1200 SOUTH PINE ISLAND ROAD Street A					P.O. Box Number is Not Acceptable	)		į
PLANTATION, FL 33324								
				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.  ANN J. WILLIAMS								
SIGNATURE Assistant Vice President Signature, typed or prived name of registered agent and title if applicable. (NOTE: Registered Agent agrature required what right stating)  DATE								
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00								
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFI	CEDS AND I	NOCTOR	INI 11
TITLE	C OFFICERS AND	Directions Delete	TITLE	:	ADDITIONS/CHANGES TO OFFI		Change	Addition
NAME	MATTHEWS, COLIN			ξ	9001108	054	26	
STREET ADDRESS CITY-ST-ZIP	•			ET ADDRESS   - ST - ZIP	10/10/0701051-	019	**7SD.	00
TITLE	PD Delete			-	<u> </u>		Change	Addition
NAME	GRAZIANO, LEONARD F			E		•	-	
STREET ADDRESS CITY-ST-ZIP	580 VIRGINIA DRIVE, SUITE 300 FORT WASHINGTON, PA 19034			ET ADDRESS - ST-ZIP				
TITLE	<del></del>			- 31-2ir			Change	Addition
NAME	CHESTER, DAVID L			E		L	Change	C) Addition
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			ET ADDRESS				
LCITY-ST-ZIP	FORT WASHINGTON, PA 1903		TITLE	- ST- ZIP			7 Change	- Addition
TITLE NAME	PEARCE, TERRY A	☐ Delete	NAM			L		☐ Addition
STREET ADDRESS	580 VIRGINIA DRIVE, SUITE 30		1	ET ADDRESS				
CITY-ST-ZIP	FORT WASHINGTON, PA 1903			- ST - ZIP				
TITLE NAME	VPST   KELLY, KENNETH J	☐ Delete	TITLE	ı		L	☐ Change	Addition
STREET ADDRESS	580 VIRGINIA DRIVE, SUITE 300			ET ADDRESS				
CITY-ST-ZIP				- ST- ZIP				
TITLE	D Delete		TITLE NAM	[		(	☐ Change	☐ Addition
NAME STREET ADDRESS				et adoress				
CITY-ST-ZIP	FORT WASHINGTON, PA 1903		-ST-ZIP					
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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: Temat J. Kelly 10-5-07								
SIGNATURE: SIGNATURE AND TYPED OR SHATED NAME OF SIGNING OF THE OR DIRECTOR								

10/30