

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000005147

1. Entity Name
SEVERN TRENT SERVICES, INC.



Principal Place of Business
580 VIRGINIA DRIVE
SUITE 300
FORT WASHINGTON, PA 19034

Mailing Address
580 VIRGINIA DRIVE
SUITE 300
FORT WASHINGTON, PA 19034



04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2660702

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

**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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000921150
05/14/08-80074-007 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GRAZIANO, LEONARD F
STREET ADDRESS 580 VIRGINIA DRIVE, SUITE 300
CITY-ST-ZIP FORT WASHINGTON, PA 19034

TITLE D
NAME CHESTER, DAVID L
STREET ADDRESS 580 VIRGINIA DRIVE, SUITE 300
CITY-ST-ZIP FORT WASHINGTON, PA 19034

TITLE VP
NAME PEARCE, TERRY A
STREET ADDRESS 580 VIRGINIA DRIVE, SUITE 300
CITY-ST-ZIP FORT WASHINGTON, PA 19034

TITLE VPST
NAME KELLY, KENNETH J
STREET ADDRESS 580 VIRGINIA DRIVE, SUITE 300
CITY-ST-ZIP FORT WASHINGTON, PA 19034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kenneth J. Kelly Kenneth J. Kelly 4-21-08