2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000005147

Entity Name: SEVERN TRENT SERVICES INC.

FILED Oct 08, 2009 Secretary of State

Littly Na	IIIE. SEVERN	TREINT SERVICES, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
SUITE 300	NIA DRIVE) SHINGTON, P	A 19034			
Current N	lailing Addres	s:	New Mailing Address	New Mailing Address:	
SUITE 300	NIA DRIVE) SHINGTON, P	A 19034			
FEI Number	: 23-2660702	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
1200 SOU	PORATION SYS TH PINE ISLAI ION, FL 33324	ND ROAD			
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE: KENNETI	H J. KELLY			
	Electron	ic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GRAZIANO, LE 580 VIRGINIA D	Delete ONARD F ORIVE, SUITE 300 GTON, PA 19034	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CHESTER, DAV 580 VIRGINIA D	Delete /ID L DRIVE, SUITE 300 GTON, PA 19034	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PEARCE, TERF 580 VIRGINIA D	Delete RY A BRIVE, SUITE 300 GTON, PA 19034	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VPST () KELLY, KENNE	Delete TH J	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: KENNETH J. KELLY VPST 10/08/2009

580 VIRGINIA DRIVE, SUITE 300

FORT WASHINGTON, PA 19034

Address:

City-St-Zip: