

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90044 015 ***150.00

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03092005 Chg-P CR2E034 (10/03)

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|---|--|--|---|---|--|
| DOCUMENT # F27826 1. Entity Name ARREDONDO UTILITY COMPANY, INC. | | | | | |
| Principal Place of Business 411 SEVENTH AVENUE, 14 FLR PITTSBURGH, PA 15219 US | | | Mailing Address 411 SEVENTH AVENUE, 14 FLR PITTSBURGH, PA 15219 US | | |
| 2. Principal Place of Business 762 W. Lancaster Ave. | | 3. Mailing Address 762 W. Lancaster Ave. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Bryn Mawr PA | | City & State Bryn Mawr PA | | 4. FEI Number 59-2946016 | |
| Zip 19010 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 19010 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HOFFMANN, FRANK A 411 SEVENTH AVENUE, 14 FLR PITTSBURGH, PA 15219 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director and Chairman Nicholas De Benedictis 762 W. Lancaster Ave. Bryn Mawr, PA 19010 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCFO VILLIOTTI, ANTHONY J 411 SEVENTH AVENUE, 14 FLR PITTSBURGH, PA 15219 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Richard D. Hugus 762 W. Lancaster Ave. Bryn Mawr, PA 19010 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C HILES, BRYAN K 411 SEVENTH AVENUE, 14 FLR PITTSBURGH, PA 15219 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President - Operations Glenn LaBrecque 6960 Professional Pkwy, East, Ste. 400 Sarasota, FL 34240 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS STANEK, MARTIN J 411 SEVENTH AVENUE, 14 FLR PITTSBURGH, PA 15219 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President and Secretary Roy H. Stahl 762 W. Lancaster Ave. Bryn Mawr, PA 19010 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP BEYER, DAVID J 11100 BRITTMORE PARK DRIVE HOUSTON, TX 77041 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President and Treasurer Kathy L. Pape 762 W. Lancaster Ave. Bryn Mawr, PA 19010 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LABRECQUE, GLENN P 6960 PROFESSIONAL PARKWAY EAST, SUITE 400 SARASOTA, FL 34240 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Controller James Chukinas 762 W. Lancaster Ave. Bryn Mawr, PA 19010 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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: <u>Roy H. Stahl</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>3/10/05</u> Daytime Phone # <u>610-527-8000</u> | | |