

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001040

Entity Name: UTILITY TREE SERVICE, INC.

FILED  
Apr 15, 2011  
Secretary of State

**Current Principal Place of Business:**

708 BLAIR MILL ROAD  
WILLOW GROVE, PA 19090

**New Principal Place of Business:**

**Current Mailing Address:**

708 BLAIR MILL ROAD  
WILLOW GROVE, PA 19090

**New Mailing Address:**

FEI Number: 23-2737122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: DWYER, JOSEPH P  
Address: 419 SHOEMAKER WAY  
City-St-Zip: LANSDALE, PA 19446

Title: PD  
Name: ASPLUNDH, SCOTT M  
Address: 1591 HAMPTON ROAD  
City-St-Zip: MEADOWBROOK, PA 19046

Title: VP  
Name: MOORE, LARRY M  
Address: 17 POPLAR ROAD  
City-St-Zip: CHADDS FORD, PA 19317

Title: D  
Name: ASPLUNDH, CHRISTOPHER B  
Address: 3700 BUCK ROAD  
City-St-Zip: HUNTINGTON VALLEY, PA 19006

Title: TAX  
Name: SIMPSON, RONALD  
Address: 1760 LUDWELL DRIVE  
City-St-Zip: MAPLE GLEN, PA 19002

Title: AT  
Name: BAUER, BRIAN  
Address: 442 SUNSET DRIVE  
City-St-Zip: SOUTHAMPTON, PA 18966

I hereby 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 all other like empowered.

SIGNATURE: RONALD SIMPSON

TAX

04/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date