FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002147 (6)

1. Corporation Name
RUST UTILITY SERVICES INC.

Principal Place of Business	Mailing Address
277 WEST MAIN ST. NIANTIC CT 06357	277 WEST MAIN ST. NIANTIC CT 06357

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 06-1165313 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	CHIANGI, JOHN A	1.2 NAME	Wright, Thomas W.	
STREET ADDRESS	277 WEST MAIN ST.	1.3 STREET ADDRESS	3003 Butterfield Road	
CITY-ST-ZIP	NIANTIC CT 06357	1.4 CITY-ST-ZIP	Oak Brook, IL 60521	
TITLE	DP	2.1 TITLE	D	☒ Change ☐ Addition
NAME	CURRAN, GERALD B	2.2 NAME		
STREET ADDRESS	5 WESTBROOK CORP. CNTR., STE. 800	2.3 STREET ADDRESS	3003 Butterfield Road	
CITY-ST-ZIP	WESTCHESTER IL 60154	2.4 CITY-ST-ZIP	Oak Brook, IL 60521	
TITLE	DS	3.1 TITLE		☐ Change ☐ Addition
NAME	RILEY, GEORGIANNE M	3.2 NAME		
STREET ADDRESS	5 WESTBROOK CORP. CNTR., STE. 800	3.3 STREET ADDRESS	3003 Butterfield Road	
CITY-ST-ZIP	WESTCHESTER IL 60154	3.4 CITY-ST-ZIP	Oak Brook, IL 60521	
TITLE	XL	4.1 TITLE	PVP	☒ Change ☐ Addition
NAME	STANCZAK, STEPHEN P	4.2 NAME		
STREET ADDRESS	3003 BUTTERFIELD ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	OAK BROOK IL 60521	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☒ Change ☐ Addition
NAME	LAWTON, JOHN B	5.2 NAME		
STREET ADDRESS	110 PLAING ROAD	5.3 STREET ADDRESS	3003 Butterfield Road	
CITY-ST-ZIP	ESSEX CT 06426	5.4 CITY-ST-ZIP	Oak Brook, IL 60521	
TITLE	AS	6.1 TITLE	AS	☐ Change ☒ Addition
NAME	LINDELL, CARLTON W	6.2 NAME	Bier, Barbara L.	
STREET ADDRESS	277 WEST MAIN ST.	6.3 STREET ADDRESS	3003 Butterfield Road	
CITY-ST-ZIP	NIANTIC CT 06357	6.4 CITY-ST-ZIP	Oak Brook, IL 60521	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara L. Bier 708/572-8841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

Barbara L. Bier, Assistant Secretary

CHANGE PN