

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004583

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** PEOPLES WATER SERVICE COMPANY OF MARYLAND, INC.

**Current Principal Place of Business:**

SUITE 310  
409 WASHINGTON AVENUE  
TOWSON, MD 212044971

**New Principal Place of Business:**

409 WASHINGTON AVE  
SUITE 310  
TOWSON, MD 212044971

**Current Mailing Address:**

SUITE 310  
409 WASHINGTON AVENUE  
TOWSON, MD 212044971

**New Mailing Address:**

409 WASHINGTON AVE  
SUITE 310  
TOWSON, MD 212044971

**FEI Number:** 52-1921586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EMMANUEL, ROBERT A  
30 SOUTH SPRING STREET  
PENSACOLA, FL 32596 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: PD  
Name: GILLET, SHERLOCK S  
Address: 409 WASHINGTON AVENUE, SUITE 310  
City-St-Zip: TOWSON, MD 212044971

Title: VD  
Name: GILLET, SHERLOCK S JR  
Address: 409 WASHINGTON AVENUE, SUITE 310  
City-St-Zip: TOWSON, MD 212044971

Title: STD  
Name: BOEHK, ANTHONY A  
Address: 409 WASHINGTON AVENUE, SUITE 310  
City-St-Zip: TOWSON, MD 212044971

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: ANTHONY A BOEHK

ST

02/28/2012

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

\_\_\_\_\_  
Date