

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004349

FILED  
Jul 20, 2004  
Secretary of State

Entity Name: SEVERN TRENT LABORATORIES, INC.

## Current Principal Place of Business:

FOUNDERS BLDG  
STE 300  
FORT WASHINGTON, PA 19034 US

## New Principal Place of Business:

## Current Mailing Address:

FOUNDERS BLDG  
STE 300  
FORT WASHINGTON, PA 19034 US

## New Mailing Address:

4101 SHUFFEL DRIVE  
NORTH CANTON, OH 44720 US

FEI Number: 23-2919996

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: JANNETTA, RACHEL BRYDON  
Address: FOUNDERS BUILDING SUITE 300  
City-St-Zip: FORT WASHINGTON, PA 19034

Title: SVP ( ) Delete  
Name: WHEATSTONE, KEITH  
Address: FOUNDERS BLDG SUITE 300  
City-St-Zip: FORT WASHINGTON, PA 19034

Title: TSD ( ) Delete  
Name: KELLY, KENNETH J  
Address: FOUNDERS BUILDING SUITE 300  
City-St-Zip: FORT WASHINGTON, PA 19034

Title: AS ( ) Delete  
Name: STEVENS, ADELE A  
Address: FOUNDERS BUILDING SUITE 300  
City-St-Zip: FORT WASHINGTON, PA 19034

Title: CFO ( ) Delete  
Name: VILLEMARE, HEATHER C  
Address: FOUNDERS BLDG SUITE 300  
City-St-Zip: FORT WASHINGTON, PA 19034

Title: D ( ) Delete  
Name: CHESTER, DAVID L  
Address: FOUNDERS BUILDING SUITE 300  
City-St-Zip: FORT WASHINGTON, PA 19034

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: HEATHER VILLEMARE

CFO

07/20/2004

Electronic Signature of Signing Officer or Director

Date