


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-31-2005 90044 006 ***150.00

DOCUMENT # F98000005384		
1. Entity Name AQUASOURCE UTILITY, INC. Aqua Utilities, Inc.		

Principal Place of Business 411 SEVENTH AVE 14TH FLOOR PITTSBURGH, PA 15219	Mailing Address 411 SEVENTH AVE 14TH FLOOR PITTSBURGH, PA 15219
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2. Principal Place of Business 762 W. Lancaster Ave. Suite, Apt. #, etc.	3. Mailing Address 762 W. Lancaster Ave. Suite, Apt. #, etc.
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City & State Bryn Mawr PA	City & State Bryn Mawr, PA
Zip 19010	Country USA

03092005 Chg-P CR2E034 (10/03)

4. FEI Number 76-0556391	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
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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
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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 7TH AVE 14TH FLOOR PITTSBURGH, PA 15219 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director, 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	VP EVANS, JON E 411 7TH AVE 14TH FLOOR 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	VS STANEK, MARTIN J 411 7TH AVE 14TH FLOOR PITTSBURGH, PA 15219 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President - operations Robert Laughman 1421 Wells Branch Pkwy, Ste. 105 Pflugerville, TX 78660 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EV BEYER, DAVID J 11100 BRITTMORE PARK DRIVE CORAOPOLIS, PA 15108 <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	AS CYPHER, RENEE J 200 CORPORATE CENTER DR, SUITE 300 CORAOPOLIS, PA 15108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President and CFO David P. Smeltzer 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, STE 400 SARASOTA, FL 34240 <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

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: 	DATE: 3/10/05	DAYTIME PHONE: 610-527-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		