

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-31-2005 90044 011 \*\*\*150.00

40043191



<b>DOCUMENT # G88880</b> 1. Entity Name <b>LONGWOOD RUN UTILITIES, INC.</b>					
Principal Place of Business <b>411 SEVENTH AVENUE 14TH FLOOR PITTSBURGH, PA 15219 US</b>			Mailing Address <b>411 SEVENTH AVENUE 14TH FLOOR PITTSBURGH, PA 15219 US</b>		
2. Principal Place of Business <b>762 W. Lancaster Ave.</b> Suite, Apt. #, etc.		3. Mailing Address <b>762 W. Lancaster Ave.</b> Suite, Apt. #, etc.			
City & State <b>Bryn Mawr PA</b> Zip <b>19010</b> Country <b>USA</b>		City & State <b>Bryn Mawr PA</b> Zip <b>19010</b> Country <b>USA</b>		4. FEI Number <b>59-2405577</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOFMANN, FRANK A 411 SEVENTH AVENUE 14TH FLOOR PITTSBURGH, PA 15219	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman and President Nicholas DeBenedictis 762 W. Lancaster Ave. Bryn Mawr PA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS STANEK, MARTIN J 411 SEVENTH AVENUE 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	VCFO VILLIOTTI, ANTHONY J 411 SEVENTH AVENUE 14TH FLOOR PITTSBURGH, PA 15219	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Operations Glenn P. LaBreaque 6960 Professional Parkway, East, Ste. 400 Sarasota, FL 34240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLIN, MARY D 411 SEVENTH AVENUE 14TH FLOOR PITTSBURGH, PA 15219	<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	C HILES, BRYAN K 411 SEVENTH AVENUE 14TH FLOOR PITTSBURGH, PA 15219	<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
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	Controller James Chukinas 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.					
<b>SIGNATURE:</b> <u>[Signature]</u> <u>3/10/05</u> <u>610-527-8000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					