## 2002 UNIFORM BUSINESS REPORT (UBR) 959

## May 21, 2002 8:00 am Secretary of State DOCUMENT # J71557 1. Entity Name LAKE UTILITY SERVICES, INC. 05-21-2002 90871 022 \*\*\*150 00 Principal Place of Business Mailing Address 2335 SANDERS ROAD 2335 SANDERS ROAD NORTHBROOK IL 60062-6108 NORTHBROOK IL 60062-6108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-3705514 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Chairman & CEO TITLE ☐ Delete TITLE Change ☐ Addition CAMAREN; JAMES NAME NAME 2335 SANDERS ROAD STREET ADDRESS STREET ADDRESS NORTHBROOK IL CITY-ST-ZIP CITY-ST-ZIP TITLE **VS** X Delete ☐ Addition ☐ Change TITLE NAME DOPUCH, ANDREW NAME 2335 SANDERS RD STREET ADDRESS STREET ADDRESS NORTHBROOK IL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition President & CFO NAME SCHUMACHER, LAWRENCE NAME 2335 SANDERS ROAD STREET ADDRESS STREET ADDRESS NORTHBROOK IL CITY-ST-ZIP CITY-ST-ZIP VΡ Delete TITLE TITLE [] Change ☐ Addition WENZ, CARL NAME NAME STREET ADDRESS 2335 SANDERS RD STREET ADDRESS CITY-ST-ZIP NORTHBROOK IL CITY-ST-ZIP ۷P TITLE Delete TITLE ☐ Change ☐ Addition CARTER, DAVID NAME 2335 SANDERS RD STREET ADORESS STREET ADDRESS CITY-ST-ZIP NORTHBROOK IL CITY-ST-ZIP **VP** TITLE ☐ Delete TITLE Change ☐ Addition EASMUSSEN, DONALD NAME NAME 200 WEATHERSFIELD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

4. 32 (1967) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**