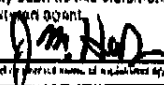


**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90072 013 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                     |                                                                                                                                                                                                                                            |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P03000025054</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                     |                                                                                                                                                           |                                                                   |
| 1. Entry Name<br><b>UTILITIES, INC. OF PENNBROOKE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                     |                                                                                                                                                                                                                                            |                                                                   |
| Principal Place of Business<br><b>200 WEATHERSFIELD AVE<br/>ALTAMONTE SPRINGS, FL 32714</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                     | Mailing Address<br><b>2335 SANDERS ROAD<br/>NORTHBROOK, IL 60062</b>                                                                                                                                                                       |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                     | 3. Mailing Address                                                                                                                                                                                                                         |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     | Suite, Apt. #, etc.                                                                                                                                                                                                                        |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                     | City & State                                                                                                                                                                                                                               |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                             | Zip                                                                                                                                                                                                                                        | Country                                                           |
| 4. Name and Address of Current Registered Agent<br><b>FRIEDMAN, MARTIN S ESQ<br/>ROSE SUNDSTROM &amp; BENTLEY, LLP<br/>600 S NORTH LAKE BLVD STE 160<br/>ALTAMONTE SPRINGS, FL 32701</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                     | 5. Name and Address of New Registered Agent<br>Name<br><b>C T CORPORATION SYSTEM</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1200 South Pine Island Road</b><br>City<br><b>Plantataion</b> FL Zip Code<br><b>33324</b> |                                                                   |
| 6. The above named entry 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 <br>James M. Halpin<br>Assistant Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     | DATE<br><b>4-14-04</b>                                                                                                                                                                                                                     |                                                                   |
| FILE NOW!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be<br>Added to Fees                                                                                                                          |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                      |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>CEO<br/>CAMAREN, JAMES L<br/>2335 SANDERS ROAD<br/>NORTHBROOK, IL 60062</b> <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D<br/>CAMAREN, JAMES L<br/>2335 SANDERS ROAD<br/>NORTHBROOK, IL 60062</b> <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>PCFO<br/>SCHUMACHER, LAWRENCE N<br/>2335 SANDERS ROAD<br/>NORTHBROOK, IL 60062</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D<br/>SCHUMACHER, LAWRENCE N<br/>2335 SANDERS ROAD<br/>NORTHBROOK, IL 60062</b> <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>V<br/>RASMUSSEN, DONALD<br/>200 WEATHERSFIELD AVE<br/>ALTAMONTE SPRINGS, FL 32714</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 116.07(3)(X), 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: <br>LAWRENCE N. SCHUMACHER, PRES. & CEO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                     | DATE<br><b>4/20/04</b> 847-498-6440                                                                                                                                                                                                        |                                                                   |

J4UB0UJ8



04132004 Chg-P CR25034 (10/03)

4. FBI Number **55-0847532** Applied For: ☐ Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee RequiredFILE NOW!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CEO  
CAMAREN, JAMES L  
2335 SANDERS ROAD  
NORTHBROOK, IL 60062** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
CAMAREN, JAMES L  
2335 SANDERS ROAD  
NORTHBROOK, IL 60062** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PCFO  
SCHUMACHER, LAWRENCE N  
2335 SANDERS ROAD  
NORTHBROOK, IL 60062** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

**D  
SCHUMACHER, LAWRENCE N  
2335 SANDERS ROAD  
NORTHBROOK, IL 60062** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

**V  
RASMUSSEN, DONALD  
200 WEATHERSFIELD AVE  
ALTAMONTE SPRINGS, FL 32714** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 116.07(3)(X), 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:   
LAWRENCE N. SCHUMACHER, PRES. & CEODATE  
4/20/04 847-498-6440

TOTAL P.002

TOTAL P.02