

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000025054

FILED
Apr 17, 2008
Secretary of State

Entity Name: UTILITIES, INC. OF PENNBROOKE

Current Principal Place of Business:

200 WEATHERSFIELD AVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

2335 SANDERS ROAD
NORTHBROOK, IL 60062

New Mailing Address:

FEI Number: 55-0847532 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: STOKES, JOHN M
Address: 2335 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: VCFO () Delete
Name: DELGADO, DANIEL V
Address: 2335 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: P () Delete
Name: SCHUMACHER, LAWRENCE N
Address: 2335 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: V () Delete
Name: LUBERTOZZI, STEVEN M
Address: 2335 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: VP () Delete
Name: CROSSETT, LISA
Address: 2335 SANDERS RD
City-St-Zip: NORTHBROOK, IL 60062

Title: S () Delete
Name: STOVER, JOHN
Address: 2335 SANDERS RD
City-St-Zip: NORTHBROOK, IL 60062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: SCHUMACHER, LAWRENCE N
Address: 2335 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: VP (X) Change () Addition
Name: HOY, JOHN
Address: 2335 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

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 exemption stated in Chapter 119, 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: AVELINA FRIEDMAN

TS

04/17/2008

Electronic Signature of Signing Officer or Director

Date