FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR 24 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P33620** **(6)**

1. Corporation Name
UNDERGROUND SERVICES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 39 WEST CHESTER PA 19381-0039	P.O. BOX 39 WEST CHESTER PA 19381-0039

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/16/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
4. FEI Number: **23-2479608** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23):
City & State (28):
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): Country (25): Zip (29): Country (30):
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes XX No

9. Name and Address of Current Registered Agent

COOVER, DAVID
5130 NW 15TH ST.,
SUITE C
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name: James Sweatt
82 Street Address (P.O. Box Number is Not Acceptable):
83: Suite D
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: James Sweatt — James D Sweatt — 4-17-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	1.1 TITLE	P	XX Change ☐ Addition
NAME	HILBUSH, EDWARD O. III	1.2 NAME		
STREET ADDRESS	1284 CLEARBROOK RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST CHESTER PA	1.4 CITY-ST-ZIP		
TITLE	VCV	2.1 TITLE		XX Change ☐ Addition
NAME	MARCINEK, JOHN P.	2.2 NAME		
STREET ADDRESS	46635 QUAIL RUN LANE	2.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	INDIAN WEELS CA	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		XX Change ☐ Addition
NAME	HILBUSH, EDWARD O., JR.	3.2 NAME		
STREET ADDRESS	210 W ASHBRIDGE ST	3.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	WEST CHESTER PA	3.4 CITY-ST-ZIP		
TITLE	DST	4.1 TITLE	D	XX Change ☐ Addition
NAME	BOGLE, HUGH A.	4.2 NAME		
STREET ADDRESS	609 GREEN ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST CHESTER PA	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	ST	☐ Change XX Addition
NAME		5.2 NAME	E.Davis Bogle	
STREET ADDRESS		5.3 STREET ADDRESS	609 Green Street	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	West chester,PA 19380	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward O. Hilbush, III — April 11 1995 — 610-696-9220
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400466 FN