2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33620 Aug 21, 2000 8:00 am Secretary of State 1. Entity Name UNDERGROUND SERVICES, INC. 08-21-2000 90207 015 ***550.00 Principal Place of Business Mailing Address P.O. BOX 558 P.O. BOX 558 WEST CHESTER PA 19381-0558 WEST CHESTER PA 19381-0558 ---- galante transcription of the 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-2479608 Not Applicable Zip Country 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 FRASER, MARK Street Address (P.O. Box Number is Not Acceptable) 5130 NW 15TH ST., SUITE D MARGATE FL 33063 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12, ☐ Addition ☐ Change Delete TITLE TITLE HILBUSH, EDWARD O. III NAME NAME STREET ADDRESS STREET ADDRESS 1284 CLEARBROOK RD CITY-ST-ZIP CITY-ST-ZIP WEST CHESTER PA ☐ Addition ST ☐ Delete TITLE Change TITLE NAME E. DAVIS BOGLE NAME STREET ADDRESS STREET ADDRESS 609 GREEN ST. CITY-ST-ZIP CITY-ST-ZIP WEST CHESTER PA Delete ☐ Addition TITLE ☐ Change TITLE BOGLE, HUGH A. NAME STREET ADDRESS STREET ADDRESS 609 GREEN ST CITY-ST-ZIP CITY-ST-ZIP WEST CHESTER PA ☐ Delete ☐ Change ☐ Addition TITLE TITI F HILBRUSH, ANNE NAME NAME STREET ADDRESS STREET ADDRESS 1284 CLEARBROOK RD CITY-ST-ZIP CITY-ST-ZIP WEST CHESTER PA 19380 Change TITI F ☐ Addition ☐ Delete TITLE NAME RICHARDSON, WILLIAM S P.E. NAME STREET ADDRESS STREET ADDRESS 1190 CRAWFORD LANE CITY-ST-ZIP CITY-ST-ZIE **DOWNINGTON PA 19355** ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filling 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Date

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