


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90093 036 ***150.00

DOCUMENT # P98000055820	
1. Entity Name QUESTAR LOWER BUCKS, INC.	

Principal Place of Business 852 MIDDLETOWN BLVD. B-10 LANGHORNE, PA 19047	Mailing Address 2200 ROSS AVENUE, #3600 DALLAS, TX 75201
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03182005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3520451		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LINEHAN, STEPHEN			NAME			
STREET ADDRESS	2200 ROSS AVE, STE-3600			STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX 75201			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABBASI, SAMI			NAME			
STREET ADDRESS	2200 ROSS AVE STE 3600			STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX 75201			CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SILHOL, MICHAEL L			NAME			
STREET ADDRESS	2200 ROSS AVE STE 3600			STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX 75201			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SABOLIK, RICHARD J			NAME			
STREET ADDRESS	2200 ROSS AVE STE 3600			STREET ADDRESS			
CITY-ST-ZIP	DALLAS, TX 75201			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	VT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	MURDOCK, MICHAEL N.		
STREET ADDRESS				STREET ADDRESS	2200 ROSS AVENUE, SUITE 3600		
CITY-ST-ZIP				CITY-ST-ZIP	DALLAS, TX 75201		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michael L. Silhol 4.605 214-303-2776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

MICHAEL L. SILHOL