

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90054 016 ***550.00

DOCUMENT # S24262

1. Entity Name

UTILITIES SERVICES GROUP, INC.

Principal Place of Business

**14950 HEATHROW FOREST
 SUITE 200
 HOUSTON TX 77032-3842**

Mailing Address

**14950 HEATHROW FOREST
 SUITE 200
 HOUSTON TX 77032-3842**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**C/O USFilter
 181 Thorn Hill Road
 Warrendale, PA
 15086
 US**

4. FEI Number

76-0328166

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **BLACK, ROBERT C**
 STREET ADDRESS **14950 HEATHROW FOREST PKWY, STE 200**
 CITY-ST-ZIP **HOUSTON TX**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CEO** ☒ Change ☐ Addition
 NAME **Stark, Michael**
 STREET ADDRESS **30 Harvard Mill Square**
 CITY-ST-ZIP **Wakefield, MA 01880**

TITLE **CFO** ☐ Change ☒ Addition
 NAME **Richardson, Kent**
 STREET ADDRESS **14950 Heathrow Forest Pkwy 200**
 CITY-ST-ZIP **Houston TX 77032-3842**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Nelson, Wilfred**
 STREET ADDRESS **14950 Heathrow Forest Pkwy 200**
 CITY-ST-ZIP **Houston, TX 77032-3842**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Chisholm, Christopher**
 STREET ADDRESS **14950 Heathrow Forest Pkwy 200**
 CITY-ST-ZIP **Houston TX 77032-3842**

TITLE **S** ☐ Change ☒ Addition
 NAME **Stawezak, Steven**
 STREET ADDRESS **14950 Heathrow Forest Pkwy 200**
 CITY-ST-ZIP **Houston, TX 77032-3842**

TITLE **AT** ☐ Change ☒ Addition
 NAME **John M. Bigley**
 STREET ADDRESS **181 Thorn Hill Drive**
 CITY-ST-ZIP **Warrendale PA 15086**

13. I hereby certify that the information supplied with this filing 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Bigley

8/3/00

(724) 772-1385

Date

Daytime Phone #