2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H09451

Entity Name: ALAFAYA UTILITIES, INC.

Current Principal Place of Business:

200 WEATHERSFIELD AVE ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

2335 SANDERS RD

NORTHBROOK, IL 60062 US

FEI Number: 59-2419800 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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

FILED Apr 08, 2014

Secretary of State

CC9089908541

Officer/Director Detail:

Title PRESIDENT Title VP

Name HOY, JOHN Name FLYNN, PATRICK

Address 200 WEATHERSFIELD AVE Address 200 WEATHERSFIELD AVE

City-State-Zip: ALTAMONTE SPRINGS FL 32714 City-State-Zip: ALTAMONTE SPRINGS FL 32714

TitleVP, SECRETARYTitleASST. SECRETARYNameSTOVER, JOHNNamePLUMB, DEBRAAddress2335 SANDERS RDAddress2335 SANDERS RD

City-State-Zip: NORTHBROOK IL 60062 City-State-Zip: NORTHBROOK IL 60062

TitleASST. SECRETARYTitleTREASURERNameHSU, CHERYLNameANDREJKO, JIMAddress13040 CADENCIA PLACEAddress2335 SANDERS RD

City-State-Zip: SAN DIEGO CA 92130 City-State-Zip: NORTHBROOK IL 60062

Title DIRECTOR Title DIRECTOR

Name SPARROW, LISA Name CUMMING, HAMISH

Address 2335 SANDERS RD Address 2335 SANDERS RD

City State Zip: NORTHBROOK IL 60062

City-State-Zip: NORTHBROOK IL 60062 City-State-Zip: NORTHBROOK IL 60062

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I hereby 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 all other like empowered.

SIGNATURE: DEBRA PLUMB ASSISTANT SECRETARY 04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name POSYNIAK, LEN Name WOZNEY, CAROL

Address 2335 SANDERS RD Address 2335 SANDERS RD

City-State-Zip: NORTHBROOK IL 60062 City-State-Zip: NORTHBROOK IL 60062