

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J71557

Entity Name: LAKE UTILITY SERVICES, INC.**Current Principal Place of Business:**200 WEATHERSFIELD
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**2335 SANDERS ROAD
NORTHBROOK, IL 60062-6108**FEI Number: 36-3705514****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Officer/Director Detail :

Title PRESIDENT
Name HOY, JOHN
Address 200 WEATHERSFIELD
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VP
Name FLYNN, PATRICK
Address 200 WEATHERSFIELD
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VP, SECRETARY
Name STOVER, JOHN
Address 2335 SANDERS ROAD
City-State-Zip: NORTHBROOK IL 60062-6108

Title ASST. SECRETARY
Name PLUMB, DEBRA
Address 2335 SANDERS ROAD
City-State-Zip: NORTHBROOK IL 60062-6108

Title ASST. SECRETARY
Name HSU, CHERYL
Address 13040 CADENCIA PLACE
City-State-Zip: SAN DIEGO CA 92130

Title TREASURER
Name ANDREJKO, JIM
Address 2335 SANDERS ROAD
City-State-Zip: NORTHBROOK IL 60062-6108

Title DIRECTOR
Name SPARROW, LISA
Address 2335 SANDERS ROAD
City-State-Zip: NORTHBROOK IL 60062-6108

Title DIRECTOR
Name CUMMING, HAMISH
Address 2335 SANDERS ROAD
City-State-Zip: NORTHBROOK IL 60062-6108

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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 04/09/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name POSYNIAK, LEN
Address 2335 SANDERS ROAD
City-State-Zip: NORTHBROOK IL 60062-6108

Title DIRECTOR
Name WOZNEY, CAROL
Address 2335 SANDERS ROAD
City-State-Zip: NORTHBROOK IL 60062-6108