

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90112 021 \*\*\*150.00

**DOCUMENT # F99000004125**

1. Entity Name

**EDISON UTILITY SERVICES CORPORATION**

DUPLICATE



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| Principal Place of Business<br><b>955 OVERLAND COURT<br/>SAN DIMAS CA 91773</b> | Mailing Address<br><b>955 OVERLAND COURT<br/>SAN DIMAS CA 91773-1718</b> |
|---|--|

|  |  |         |         |
|--|--|---------|---------|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip | Country | Country |
|--|--|---------|---------|

|   |  |
|---|--|
| 4. FEI Number<br><b>95-4664776</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PC<br/>PAZIAN, STEPHEN E<br/>955 OVERLAND COURT<br/>SAN DIMAS CA 91773</b>      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>FOHRER, ALAN J<br/>2244 WALNUT GROVE AVE.<br/>ROSEMEAD CA 91770</b>       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DV<br/>EASTMAN, DENNIS A<br/>955 OVERLAND COURT<br/>SAN DIMAS CA 91773</b>      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VS<br/>GLASSETT, TIM S<br/>955 OVERLAND COURT<br/>SAN DIMAS CA 91773</b>        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VT<br/>KUEHN, WILLIAM P<br/>955 OVERLAND COURT<br/>SAN DIMAS CA 91773</b>       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>C<br/>PATTERSON, WILLIAM B JR<br/>955 OVERLAND COURT<br/>SAN DIMAS CA 91773</b> | <input checked="" type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Chairman/CEO<br/>Thomas J. Higgins<br/>955 Overland Court<br/>San Dimas, CA 91773</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Director/President</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Controller<br/>Linda G. Sullivan<br/>955 Overland Court<br/>San Dimas, CA 91773</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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: Dennis A. Eastman **Dennis A. Eastman, President** 2/16/00

CR2E034 (9/99)