

1.) CORPORATION NAME:

**UTILX CORPORATION**

DUE DATE: **6/30/2011**

SCC ID NO: **F0512402**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**NATIONAL REGISTERED AGENTS, INC.  
4001 NORTH NINTH STREET, SUITE 227  
ARLINGTON, VA 22203**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 22820 RUSSELL ROAD

CITY/ST/ZIP: KENT, WA 98032-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JACOB H STEL  
TITLE: PRES/CEO  
ADDRESS: 22820 RUSSELL ROAD  
CITY/ST/ZIP/CO: KENT, WA 98032-

OFFICER

DIRECTOR

NAME: GUS DEREZES  
TITLE: VICE PRESIDENT  
ADDRESS: 22820 RUSSELL ROAD  
CITY/ST/ZIP/CO: KENT, WA 98032-

OFFICER

DIRECTOR

NAME: KRIS RUBINO  
TITLE: VICE PRESIDENT  
ADDRESS: 3580 PROGRESS DR  
CITY/ST/ZIP/CO: BENSALCM, PA 19020-

OFFICER

DIRECTOR

NAME: WILLIAM MCDUGALL  
TITLE: DIRECTOR  
ADDRESS: 5631 STEUBENVILLE PIKE  
CITY/ST/ZIP/CO: MCKEES ROCK, PA 15136-

OFFICER

DIRECTOR

NAME: LORI PINDER  
TITLE: SECRETARY  
ADDRESS: 4400 POST OAK PARKWAY  
SUITE 1000  
CITY/ST/ZIP/CO: HOUSTON, TX 77027-

OFFICER

DIRECTOR

NAME: JAMES L GIBSON TITLE: DIRECTOR ADDRESS: 4400 POST OAK PARKWAY SUITE 1000 CITY/ST/ZIP/CO: HOUSTON, TX 77027-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ANNE L. CAMERON TITLE: ASST SECRETARY ADDRESS: 10900 NE FOURTH AVE SUITE 1900 CITY/ST/ZIP/CO: BELLEVUE, WA 98004-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MICHAEL J GIARRATANO TITLE: DIRECTOR ADDRESS: 100 MARCU BLVD STE 1 CITY/ST/ZIP/CO: HAUPPAUGE, NY 11788-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JEFFERY J BORCHERS TITLE: TREASURER ADDRESS: 4400 POST OAK PARKWAY SUITE 1000 CITY/ST/ZIP/CO: HOUSTON, TX 77027-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ LORI PINDER	LORI PINDER, SECRETARY	6/2/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		