

1.) CORPORATION NAME: <b>OSMOSE UTILITIES SERVICES, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX RD STE 301          GLEN ALLEN, VA 23060-6802</b>	DUE DATE: <b>11/30/2012</b>  SCC ID NO: <b>F1531401</b>  5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>3,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	3,000
CLASS	AUTHORIZED				
COMMON	3,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 980 ELLICOTT ST  CITY/ST/ZIP: BUFFALO, NY 14209	
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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: LARRY B LARSON TITLE: PRES/DIR ADDRESS: 215 GREENCASTLE ROAD CITY/ST/ZIP/CO: TYRONE, GA 30290-2944	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: RON A CHILDRESS TITLE: VICE PRESIDENT ADDRESS: 215 GREENCASTLE ROAD CITY/ST/ZIP/CO: TYRONE, GA 30290-2944	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: ELIZABETH M. TOMMANEY TITLE: ASST S/ASST T ADDRESS: 980 ELLICOTT ST CITY/ST/ZIP/CO: BUFFALO, NY 14209	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: JAMES R SPENGLER JR TITLE: CHAIRMAN/DIR ADDRESS: 980 ELLICOTT ST CITY/ST/ZIP/CO: BUFFALO, NY 14209	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHAEL R LEACH TITLE: ASST TREASURER ADDRESS: 980 ELLICOTT STREET CITY/ST/ZIP/CO: BUFFALO, NY 14209	<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/ MICHAEL RLEACH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL RLEACH, PRINTED NAME AND CORPORATE TITLE	10/23/2012 DATE
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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.