

1.) CORPORATION NAME: <b>OSMOSE UTILITIES SERVICES, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX ROAD, SUITE 285          GLEN ALLEN, VA</b>	DUE DATE: <b>11/30/2013</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

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<br>TITLE: PRES/DIR<br>ADDRESS: 215 GREENCASTLE ROAD<br>CITY/ST/ZIP/CO: TYRONE, GA 30290-2944        | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: RON A CHILDRESS<br>TITLE: VICE PRESIDENT<br>ADDRESS: 215 GREENCASTLE ROAD<br>CITY/ST/ZIP/CO: TYRONE, GA 30290-2944 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: ELIZABETH M. TOMMANEY<br>TITLE: ASST S/ASST T<br>ADDRESS: 980 ELLICOTT ST<br>CITY/ST/ZIP/CO: BUFFALO, NY 14209     | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: MICHAEL R LEACH<br>TITLE: ASST TREASURER<br>ADDRESS: 980 ELLICOTT STREET<br>CITY/ST/ZIP/CO: BUFFALO, NY 14209      | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: JAMES R SPENGLER JR<br>TITLE: CHAIRMAN/DIR<br>ADDRESS: 980 ELLICOTT ST<br>CITY/ST/ZIP/CO: BUFFALO, NY 14209        | <input checked="" type="checkbox"/> | OFFICER | <input checked="" 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 R LEACH	MICHAEL R LEACH, ASST TREASURER	10/29/2013
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.