

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213540870

1.) CORPORATION NAME:

**L/B Water Service, Inc.**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1805227**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 540 SOUTH HIGH STREET  
PO BOX 60

CITY/ST/ZIP: SELINGROVE, PA 17870

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:	ANN L WAGNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	540 SOUTH HIGH ST PO BOX 60		
CITY/ST/ZIP/CO:	SELINGROVE, PA 17870		

NAME:	ROBERT DAGLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CAO		
ADDRESS:	540 SOUTH HIGH STREET PO BOX 60		
CITY/ST/ZIP/CO:	SELINGROVE, PA 17870		

NAME:	COLIN HOUSER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	540 SOUTH HIGHT ST PO BOX 60		
CITY/ST/ZIP/CO:	SELINGROVE, PA 17870		

NAME:	FREDERICK STEIMLING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	540 SOUTH HIGH ST PO BOX 60		
CITY/ST/ZIP/CO:	SELINGROVE, PA 17870		

NAME:	JAMES APP	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	540 SOUTH HIGH ST PO BOX 60		
CITY/ST/ZIP/CO:	SELINGROVE, PA 17870		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM EVERLY DIRECTOR 540 SOUTH HIGHT ST PO BOX 60 SELINGROVE, PA 17870	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WALTER VANNUYS DIRECTOR 540 SOUTH HIGH ST PO BOX 60 SELINGROVE, PA 17870	<input 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/ ROBERT DAGLE	ROBERT DAGLE, CAO	8/30/2013	
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.			