

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Landra B. Workman
Secretary of State
CORPORATION OF FLORIDA

MAY 1 AM 2:57

DOCUMENT # 495080

(4)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PPW WATER CO., INC.

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
222 S 15TH STE. 600 N OMAHA NE 68102 US		222 S 15TH STE. 600 N OMAHA NE 68102 US		04/22/1976	05/20/1994
21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For / Not Applicable		
22. State, Apt. # or	27. State, Apt. # or	59-1672696			
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
24. Zip	25. Locality	29. Zip	28. Election Campaign Financing Trust Fund Contribution		
			\$5.00 May Be Added to Fees		
				8. This corporation has liability for intangible tax under § 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City		
				FL	B5	Zip/State	

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0506, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95	
NAME	GERBER, WILLIAM J. 222 S 15TH ST., STE. 600 N OMAHA NE	1. NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		2. NAME	
CITY, STATE, ZIP	OMAHA, NE 68102	3. STREET ADDRESS	
NAME	MACE, GEORGIA M. 222 S 15TH ST., STE. 600 N OMAHA NE	4. CITY, STATE, ZIP	OMAHA, NE 68102
STREET ADDRESS		5. NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY, STATE, ZIP	OMAHA, NE 68102	6. NAME	
NAME	KNOLLA, PETER A. 222 S 15TH ST., STE. 600 N OMAHA NE	7. STREET ADDRESS	
STREET ADDRESS		8. CITY, STATE, ZIP	OMAHA, NE 68102
CITY, STATE, ZIP	OMAHA, NE 68102	9. NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, STATE, ZIP		12. CITY, STATE, ZIP	
NAME		13. NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		14. NAME	
CITY, STATE, ZIP		15. STREET ADDRESS	
NAME		16. CITY, STATE, ZIP	
STREET ADDRESS		17. NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY, STATE, ZIP		18. NAME	
NAME		19. STREET ADDRESS	
STREET ADDRESS		20. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information reported with this filing is voluntarily prepared and does not qualify for the exemption stated in Section 119.017(1)(b) Florida Statutes. I further certify that the information indicated on this annual report or on supplementary annual 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPE IN PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

04/29/95 (402) 344-8800