

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 495080

1. Entity Name

PPW WATER CO., INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90146 007 ***150.00

Principal Place of Business 222 S 15TH STE. 600 N OMAHA NE 68102 US	Mailing Address 222 S 15TH STE. 600 N OMAHA NE 68102-1680 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1672696**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GERBER, WILLIAM J.	
STREET ADDRESS	222 SOUTH 15TH ST SUITE 600 NORTH	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE	T	<input type="checkbox"/> Delete
NAME	MACE, GEORGIA M.	
STREET ADDRESS	222 SOUTH 15TH ST SUITE 600 NORTH	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KNOLLA, PETER A.	
STREET ADDRESS	222 SOUTH 15TH ST SUITE 600	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COON, KENNETH C	
STREET ADDRESS	222 SOUTH 15TH STREET, SUITE 600 NORTH	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, JOHN P	
STREET ADDRESS	222 SOUTH 15TH STREET SUITE 600 NORTH	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other titles empowered.

SIGNATURE:

[Handwritten Signature]

3-22-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/93)