

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90055 013 \*\*\*150.00

**DOCUMENT # 836798**  
 1. Entity Name  
**ONDEO NALCO COMPANY**

Principal Place of Business Mailing Address  
**ONE NALCO CENTER ONE NALCO CENTER**  
**NAPERVILLE IL 60563-1198 NAPERVILLE IL 60563-1198**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **36-1520480** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (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.   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HARKER, D M</b> <b>ONE NALCO CENTER</b> <b>NAPERVILLE IL 60563-1198</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ondeo Nalco Center</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>CC</b> <b>MAURIN, C</b> <b>ONE NALCO CENTER</b> <b>NAPERVILLE IL 60563-1198</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ondeo Nalco Center</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>T</b> <b>EWING, E R</b> <b>ONE NALCO CENTER</b> <b>NAPERVILLE IL 60563-1198</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Todd M. Hacker</b> <b>Ondeo Nalco Center</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VCFO</b> <b>LAMARCHE, GERARD</b> <b>ONE NALCO CENTER</b> <b>NAPERVILLE IL 60563-1198</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>S</b> <b>NEWTON, J M</b> <b>ONE NALCO CENTER</b> <b>NAPERVILLE IL 60563-1198</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

**SIGNATURE:** *M. Newton* **SIGNATURE REQUIRED** **M. Newton, Secretary** **04/01/02** **(630) 305-1294**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FORM 11

CR2E034 (9/01)