

FILED
Apr 30, 2003 8:00 am
Secretary of State


04-30-2003 90130 008 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

11029493



CHECK HERE IF MAKING CHANGES

DOCUMENT # 836798					
1. Entity Name ONDEO NALCO COMPANY					
Principal Place of Business ONE NALCO CENTER NAPERVILLE, IL 60563-1198			Mailing Address ONE NALCO CENTER NAPERVILLE, IL 60563-1198		
2. Principal Place of Business Ondeo Nalco Center		3. Mailing Address Ondeo Nalco Center			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 36-1520480	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> \$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 SOUTH PINE ISLAND ROAD 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when missing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003, Fee will be \$50.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARKER, D M		NAME		
STREET ADDRESS	ONDEO NALCO CENTER		STREET ADDRESS		
CITY-ST-ZIP	NAPERVILLE, IL 605631198		CITY-ST-ZIP		
TITLE	CC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAURIN, C		NAME		
STREET ADDRESS	ONDEO NALCO CENTER		STREET ADDRESS		
CITY-ST-ZIP	NAPERVILLE, IL 605631198		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HACKER, TODD M		NAME		
STREET ADDRESS	ONDEO NALCO CENTER		STREET ADDRESS		
CITY-ST-ZIP	NAPERVILLE, IL 605631198		CITY-ST-ZIP		
TITLE	VCFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMARCHE, GERARD		NAME		
STREET ADDRESS	ONE NALCO CENTER		STREET ADDRESS		
CITY-ST-ZIP	NAPERVILLE, IL 605631198		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEWTON, J M		NAME		
STREET ADDRESS	ONE NALCO CENTER		STREET ADDRESS		
CITY-ST-ZIP	NAPERVILLE, IL 605631198		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			04/22/03 (630) 305-1294		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (10/02)