


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jun 16, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000004520
 1. Entity Name
BASIN WATER - MPT, INC.



Principal Place of Business Mailing Address
8731 PRESTIGE COURT **8731 PRESTIGE COURT**
RANCHO CUCAMONGA, CA 91730 **RANCHO CUCAMONGA, CA 91730**

DO NOT WRITE IN THIS SPACE



06052008 No Chg-P CR2E034 (11/05)

4. FEI Number 26-0799465	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO STARK, MICHAEL M 8731 PRESTIGE COURT RANCHO CUCAMONGA, CA 91730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT TEKULVE, THOMAS C 8731 PRESTIGE COURT RANCHO CUCAMONGA, CA 91730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GORGOL, ROBERT 8731 PRESTIGE COURT RANCHO CUCAMONGA, CA 91730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HAMILTON, SCOTT B 8731 PRESTIGE COURT RANCHO CUCAMONGA, CA 91730
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 06/16/08-80002-003 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Leslie Ward Cline Leslie Ward Cline 6/15/08 909)481-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #