2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P32998

1. Entity Name
CLEAN WATER ACTION, INC.

Principal Place of Business
4455 CONNECTICUT AVE, N.W.
SUITE A300
WASHINGTON, DC 20008

Mailing Address
P O BOX 188
MOUNT CLEMENS, MI 48046

04272006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
23-7128611

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCANDIKITO, THERESE E
412 NW 72ND STREET
BOCA RATON, FL 33487

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZWICK, DAVID
STREET ADDRESS	4455 CONNECTICUT AVE, N.W., STE. A300
CITY-ST-ZIP	WASHINGTON, DC 20008
TITLE	S
NAME	ATERNO, KATHLEEN
STREET ADDRESS	38875 HARPER AVENUE
CITY-ST-ZIP	CLINTON TOWNSHIP, MI 48036
TITLE	D
NAME	FONTENOT, WILLIAM
STREET ADDRESS	632 DREHR
CITY-ST-ZIP	BATON ROUGE, LA 70806
TITLE	D
NAME	MERRITT, GRANT
STREET ADDRESS	6160 SUMMITT DRIVE
CITY-ST-ZIP	MINNEAPOLIS, MN 55430
TITLE	T
NAME	LOCKWOOD, PETER
STREET ADDRESS	ONE THOMAS CIRCLE, N.W.
CITY-ST-ZIP	WASHINGTON, DC 20005
TITLE	D
NAME	REDDING, BILL
STREET ADDRESS	214 N HENRY STUIE 203
CITY-ST-ZIP	MADISON, WI 53703

U00000560905
05/18/06-80059-003 70.00

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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 617, 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: Kathleen Corp Sec. 4/27/06 584 78

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Kathleen E. Aterno

327