

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32998

Entity Name: CLEAN WATER ACTION, INC.**Current Principal Place of Business:**1444 I STREET NW
SUITE 400
WASHINGTON, DC 20005**Current Mailing Address:**P O BOX 188
MOUNT CLEMENS, MI 48046**FEI Number:** 23-7128611**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUBCO REGISTERED AGENT SERVICES, INC.
155 OFFICE PLAZA DR
1ST FLOOR
TALLAHASSEE, FL 32301 US*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:** BRUCE B. HUBBARD

03/18/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WENDELGASS, ROBERT
Address 1444 I STREET NW
 SUITE 400
City-State-Zip: WASHINGTON DC 20005

Title DIRECTOR
Name BAESLACK, BRENT
Address 20 MONTVALE ST
City-State-Zip: BRADFORD MA 01835

Title TREASURER
Name LOCKWOOD, PETER
Address ONE THOMAS CIRCLE N.W., STE 1100
City-State-Zip: WASHINGTON DC 20005

Title DIRECTOR
Name WILLIAM, GOLDSMITH
Address 1620 FEDERAL STREET
City-State-Zip: PHILADELPHIA PA 19146-3014

Title SECRETARY
Name ATERNO, KATHLEEN
Address 23885 DENTON ST SUITE B
City-State-Zip: CLINTON TOWNSHIP MI 48036

Title DIRECTOR
Name DICKINSON, ELIZABETH
Address 384 HALL AVE
City-State-Zip: SAINT PAUL MN 55107

Title DIRECTOR
Name MYRNA, POTICHA
Address 6863 E EASTMAN AVE
City-State-Zip: DENVER CO 80224

Title DIRECTOR
Name SAMPSON, MAURICE
Address 129 W GORGAS LANE
City-State-Zip: PHILADELPHIA PA 19119

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TAYNA OSKO**ASSISTANT SECRETARY** 03/18/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LIPELES, MAXINE
Address CAMPUS BOX 1120
ONE BROOKINGS DRIVE
City-State-Zip: ST LOUIS MO 63130-4899

Title CHAIRMAN
Name DAVID, TYKULSKER
Address 161 WALNUT STREET
City-State-Zip: MONTCLAIR NJ 07042

Title DIRECTOR
Name BARLEY, MARY
Address PO BOX 1915
City-State-Zip: ISLAMORADA FL 33036

Title DIRECTOR
Name MILLER-TRAVIS, VERNICE
Address 104 JEWETT PLACE
City-State-Zip: BOWIE MD 20721

Title DIRECTOR
Name SHEA, BRIGID
Address 2604 GERAGHTY AVE
City-State-Zip: AUSTIN TX 78757

Title ASST. SECRETARY
Name OSKO, TAYNA
Address 23885 DENTON
SUITE B
City-State-Zip: CLINTON TWP MI 48036

Title DIRECTOR
Name BAUER, ANDY
Address 256 OLD MARLBOROUGH TURNPIKE
City-State-Zip: PORTLAND CT 06480