## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000004730

Entity Name: KEMIRA WATER SOLUTIONS, INC.

**Current Principal Place of Business:** 

1000 PARKWOOD CIRCLE

SUITE 500

ATLANTA, GA 30339

**Current Mailing Address:** 

1000 PARKWOOD CIRCLE

SUITE 500

ATLANTA, GA 30339 US

FEI Number: 59-5367872 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

FILED Mar 01, 2023

**Secretary of State** 

0564642178CC

Officer/Director Detail:

Title DIRECTOR Title PRESIDENT

Name MOREAU, MANUEL Name CAVALLERO, MICHAEL

Address 1000 PARKWOOD CIRCLE Address 1000 PARKWOOD CIRCLE

SUITE 500 SUITE 500

City-State-Zip: ATLANTA GA 30339 City-State-Zip: ATLANTA GA 30339

Title DIRECTOR Title TREASURER

Name CAVALLERO, MICHAEL Name RAMKUMAR, KASTHURI

Address 1000 PARKWOOD CIRCLE Address 1000 PARKWOOD CIRCLE

SUITE 500 SUITE 500

City-State-Zip: ATLANTA GA 30339 City-State-Zip: ATLANTA GA 30339

Title DIRECTOR, SUPPLY CHAIN Title VP MANAGEMENT, AMERICAS

Name FORRESTER, KELLY

Address 1000 PARKWOOD CIRCLE

Address 1000 PARKWOOD CIRCLE SUITE 500

SUITE 500 City-State-Zip: ATLANTA GA 30339

City-State-Zip: ATLANTA GA 30339

Title VP Title VICE PRESIDENT & SECRETARY

Name RADCLIFFE, SUSAN B.
Name KIMBERLING, PAUL B.

Address 1000 PARKWOOD CIRCLE SUITE 500

1000 PARKWOOD CIRCLE SUITE 500 SUITE 500

City-State-Zip: ATLANTA GA 30339

## Continues on page 2

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN B. RADCLIFFE VICE PRESIDENT 03/01/2023

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name FORRESTER, KELLY Name WHITEHEAD, JACKIE

Address 1000 PARKWOOD CIRCLE Address 1000 PARKWOOD CIRCLE

SUITE 500 SUITE 500

City-State-Zip: ATLANTA GA 30339 City-State-Zip: ATLANTA GA 30339