## 2018 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: 59-3657872 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:

Address

Electronic Signature of Registered Agent

Date

**FILED** Apr 06, 2018

**Secretary of State** 

CC2753749041

Officer/Director Detail:

Title ASSISTANT SECRETARY Title **SECRETARY** 

WILSON, ADISTY Name Name RADCLIFFE, SUSAN B.

> 1000 PARKWOOD CIRCLE Address 1000 PARKWOOD CIRCLE

SUITE 500 SUITE 500

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

Title **TREASURER** Title **PRESIDENT** 

FORRESTER, KELLY Name POHJOLAINEN-HILTUNEN, TUIJA Name

1000 PARKWOOD CIRCLE 1000 PARKWOOD CIRCLE Address Address

SUITE 500 SUITE 500

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

Title **DIRECTOR** Title **DIRECTOR** 

FORRESTER, KELLY MOREAU, MANUEL Name Name

1000 PARKWOOD CIRCLE 1000 PARKWOOD CIRCLE Address Address

SUITE 500 SUITE 500

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

Title **DIRECTOR** 

Name

Address 1000 PARKWOOD CIRCLE

POHJOLAINEN-HILTUNEN, TUIJA

SUITE 500

City-State-Zip: ATLANTA GA 30339

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.

04/06/2018 ASSISTANT SECRETARY SIGNATURE: ADISTY WILSON

Electronic Signature of Signing Officer/Director Detail

Date