

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000004730

**Entity Name:** KEMIRA WATER SOLUTIONS, INC.

**FILED**  
**Mar 30, 2022**  
**Secretary of State**  
**6634305785CC**

**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

**Officer/Director Detail :**

Title DIRECTOR  
Name MOREAU, MANUEL  
Address 1000 PARKWOOD CIRCLE  
SUITE 500  
City-State-Zip: ATLANTA GA 30339

Title PRESIDENT  
Name CAVALLERO, MICHAEL  
Address 1000 PARKWOOD CIRCLE  
SUITE 500  
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR  
Name CAVALLERO, MICHAEL  
Address 1000 PARKWOOD CIRCLE  
SUITE 500  
City-State-Zip: ATLANTA GA 30339

Title TREASURER  
Name RAMKUMAR, KASTHURI  
Address 1000 PARKWOOD CIRCLE  
SUITE 500  
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR, SUPPLY CHAIN  
MANAGEMENT, AMERICAS  
Name FORRESTER, KELLY  
Address 1000 PARKWOOD CIRCLE  
SUITE 500  
City-State-Zip: ATLANTA GA 30339

Title VP  
Name CLARK, MICHAEL  
Address 1000 PARKWOOD CIRCLE  
SUITE 500  
City-State-Zip: ATLANTA GA 30339

Title VP  
Name KIMBERLING, PAUL B.  
Address 1000 PARKWOOD CIRCLE  
SUITE 500  
City-State-Zip: ATLANTA GA 30339

Title VICE PRESIDENT & SECRETARY  
Name RADCLIFFE, SUSAN B.  
Address 1000 PARKWOOD CIRCLE  
SUITE 500  
City-State-Zip: ATLANTA GA 30339

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

**SIGNATURE: ADISTY WILSON,**

**ASSISTANT SECRETARY 03/30/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            FORRESTER, KELLY  
Address        1000 PARKWOOD CIRCLE  
                 SUITE 500  
City-State-Zip: ATLANTA GA 30339

Title            ASSISTANT SECRETARY  
Name            WILSON, ADISTY  
Address        1000 PARKWOOD CIRCLE  
                 SUITE 500  
City-State-Zip: ATLANTA GA 30339