## 2021 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:

Name

Electronic Signature of Registered Agent Date

Officer/Director Detail:

SUITE 500

Title **DIRECTOR** Title ASSISTANT SECRETARY Name MOREAU, MANUEL Name TURNER, ROBERT L. IV

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 **PRESIDENT** Title **DIRECTOR** 

CAVALLERO, MICHAEL CAVALLERO, MICHAEL 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

DIRECTOR, SUPPLY CHAIN Title **TREASURER** Title MANAGEMENT, AMERICAS

Name RAMKUMAR, KASTHURI Name FORRESTER, KELLY

1000 PARKWOOD CIRCLE Address

SUITE 500 City-State-Zip: ATLANTA GA 30339

ATLANTA GA 30339 City-State-Zip:

Title VP, R&D AND TECHNOLOGY,

Title VP, FINANCE AND ACCOUNTING, **AMERICAS** 

AMERICAS CLARK, MICHAEL

Name KIMBERLING, PAUL B. 1000 PARKWOOD CIRCLE Address

Address 1000 PARKWOOD CIRCLE SUITE 500

Address

SUITE 500 ATLANTA GA 30339

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

## Continues on page 2

1000 PARKWOOD CIRCLE

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.

04/23/2021 SIGNATURE: ADISTY WILSON ASSISTANT SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Apr 23, 2021

Secretary of State

8899483684CC

## Officer/Director Detail Continued:

Title ASSISTANT SECRETARY

Name WILSON, ADISTY

Address 1000 PARKWOOD CIRCLE

SUITE 500

City-State-Zip: ATLANTA GA 30339

Title DIRECTOR, HUMAN RESOURCES, AMERICAS

Name WHITEHEAD, JACKIE

Address 1000 PARKWOOD CIRCLE

SUITE 500

City-State-Zip: ATLANTA GA 30339

Title DIRECTOR

Name FORRESTER, KELLY

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

Title VP, MANUFACTURING AND

LOGISTICS, COAG, I&W, NA

Name MOREAU, MANUEL

Address 1000 PARKWOOD CIRCLE

SUITE 500

City-State-Zip: ATLANTA GA 30339