

**2015 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP & TREASURER, DIRECTOR  
Name ROSARIO, BELINDA  
Address 1000 PARKWOOD CIRCLE  
SUITE 500  
City-State-Zip: ATLANTA GA 30339

Title PRESIDENT, DIRECTOR  
Name DEN BROK-PEREZ, CAROLINA  
Address 1000 PARKWOOD CIRCLE  
SUITE 500  
City-State-Zip: ATLANTA GA 30339

Title ASSISTANT TREASURER  
Name TENNY, JERRALD  
Address 1000 PARKWOOD CIRCLE  
SUITE 500  
City-State-Zip: ATLANTA GA 30339

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

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

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

Title DIRECTOR OF MANUFACTURING  
Name ALEXANDER, JOE  
Address 1000 PARKWOOD CIRCLE  
SUITE 500  
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR  
Name JOHANSEN, TARJEI  
Address 1000 PARKWOOD CIRCLE  
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.*

**SIGNATURE:** SHANNAN KRIPPNER

**ASSISTANT SECRETARY 04/29/2015**

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

\_\_\_\_\_  
Date