

2020 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

Officer/Director Detail :

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

Title DIRECTOR
Name MOREAU, MANUEL
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: ADISTY WILSON**ASSISTANT SECRETARY 05/28/2020**

Electronic Signature of Signing Officer/Director Detail

Date