

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000002299

**Entity Name:** YSI INCORPORATED**Current Principal Place of Business:**1725 BRANNUM LANE  
YELLOW SPRINGS, OH 45387**Current Mailing Address:**C/O XYLEM INC.  
1 INTERNATIONAL DRIVE  
RYE BROOK, NY 10573 US**FEI Number:** 31-0526418**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	PRES
Name	MCINTIRE, CHRIS
Address	1725 BRANNUM LANE
City-State-Zip:	YELLOW SPRINGS OH 45387

Title	VP
Name	ROMINGER, GAYLE
Address	1725 BRANNUM LANE
City-State-Zip:	YELLOW SPRINGS OH 45387

Title	ASST. SECRETARY
Name	BROWN, ANITA
Address	1725 BRANNUM LANE
City-State-Zip:	YELLOW SPRINGS OH 45387

Title	TREASURER
Name	CORSO, JEFFREY
Address	600 UNICORN PARK DRIVE, SUITE 101
City-State-Zip:	WOBURN MA 01801

Title	ASST. SECRETARY
Name	BROWN, ANITA
Address	1725 BRANNUM LANE
City-State-Zip:	YELLOW SPRINGS OH 45387

Title	VP
Name	KNIGHT, DAVID
Address	100 CUMMINGS CENTER, 535N
City-State-Zip:	WOBURN MA 01915

Title	ASSISTANT SECRETARY AND TREASURER
Name	HOLLIES, SONIA
Address	C/O XYLEM INC. 1 INTERNATIONAL DRIVE
City-State-Zip:	RYE BROOK NY 10573

*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:** SONIA HOLLIES**ASSISTANT SECRETARY    03/01/2016  
AND TREASURER**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date