

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25489

Entity Name: NESTLE WATERS NORTH AMERICA INC.**Current Principal Place of Business:**900 LONG RIDGE ROAD
BUILDING #2
STAMFORD, CT 06902**Current Mailing Address:**900 LONG RIDGE ROAD
BUILDING #2
STAMFORD, CT 06902 US**FEI Number:** 94-3027237**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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, DIRECTOR
Name BROWN, TIM
Address 900 LONG RIDGE ROAD
 BUILDING #2
City-State-Zip: STAMFORD CT 06902

Title TREASURER
Name GOSLINE, DON W.
Address 900 LONG RIDGE ROAD
 BUILDING #2
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name BROLL, CHARLES D.
Address 900 LONG RIDGE ROAD
 BUILDING #2
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name SWINTON, MICHAEL T.
Address 900 LONG RIDGE ROAD
 BUILDING #2
City-State-Zip: STAMFORD CT 06902

Title ASSISTANT TREASURER
Name DICKSON, DAVID
Address 900 LONG RIDGE ROAD
 BUILDING #2
City-State-Zip: STAMFORD CT 06902

Title SECRETARY
Name NURSE, BRIAN
Address 900 LONG RIDGE ROAD
 BUILDING #2
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR
Name PEARSON, WILLIAM J.
Address 900 LONG RIDGE ROAD
 BUILDING #2
City-State-Zip: STAMFORD CT 06902

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: DAVID DICKSON

ASSISTANT TREASURER 04/15/2015

Electronic Signature of Signing Officer/Director Detail

Date