## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

Principal Place of Business

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 811143

(7)

U.S. FILTER DISTRIBUTION GROUP, INC.

Mailing Address

## **FILED** May 01 1998 8:00am Secretary of State



1820 METCA P.O. BOX 14		1820 METCALF AVENUE P.O. BOX 1419	1820 METCALF AVENUE P.O. BOX 1419				
	ASVILLE GA 31792 THOMASVILLE GA 31792				DO NOT WRITE	E IN THIS SPACE	
				<ol> <li>Date Incorporated or Qualified 07/05/1956</li> </ol>			
	cipal Place of Business  2a. Mailing Address			-4-	4. FEI Number	A	pplied For
			ook S	<u> </u>	<u>58-0959907</u>	N N	ot Applicable
suite, Apt. #, etc.  22/American Plaza, Ste 620 27					5. Certificate of Status Desired	1 1 7	Additional equired
City & State  23 WACO, TX  28 Palm De ser			<del></del> _	7	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
24 767	Country 25	29 92211 3	o Kive	151C		30. 🔲 Yes [	itangible No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
CT CORPORATION SYSTEM				Name			
1200 \$. PINE ISLAND ROAD			82	Street	Address (P.O. Box Number is Not Acceptate	ole)	
PL	ANTATION FL 33324	83			1000	***	
			65				
	: 		84	City		FL ( )	Code
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.							
SIGNATURE Signature typed or product name of registered agent and the of applicable (NOTE Registered Agent's goalure required when reinstalling) DATE							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	RS IN 12
TITLE	Ų VP	DELETE	1.1 TITLE		ASST. Secretary	Change	Addition
NAME	WHITE, STAN		1.2 NAME		Amy 6. 60551 3+.		`
STREET ADDRESS	1820 METCALF AVE		1.3 STREET ADDRESS		40-004 COOK ST.		
CITY-ST-ZIP	THOMASVILLE GA		1.4 CITY - ST - ZIP		Palm Desert, CA 92	1164	
TITLE	I DP	DELETE	2.1 TITLE			Change	☐ Addition
NAME	HORNISH, HARRY K		2.2 NAME				
STREET ADDRESS	200 HWY 6 W STE 620		2.3 STREET ADDRESS				
CITY-ST-ZIP	WACO TX		2 4 CITY-ST-ZIP				
TITLE	DVP	☐ DELETE	3 1 TITLE			Change	☐ Addition
NAME	SPENCE, KEVIN L		3.2 NAME				
STREET ADDRESS	4004 COOK STREET		3.3 STREET A	DORESS			
CITY-ST-ZIP	PALM DESERT CA	- Deceme	3.4. CITY - ST	- ZIP			
TITLE	SD STORONO DANGER	☐ DELETE	4.1 TITLE			L Change	☐ Addition
NAME	GEORGINO, DAMIAN C		4. 2 NAME				
STREET ADDRESS	40004 COOK ST		4.3 STREET A	DORESS			
CITY-ST-ZIP	PALM DESERT CA	DELETE	4.4 CITY-ST	ZIP			
TITLE	**	טוננונ י	51 TITLE	ĺ		Change	☐ Addition
NAME CTOCCT ADDRESS	DIERKER, JAMES W 40004 COOK ST		5.2 NAME				
STREET ADORESS	PALM DESERT CA		5.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	V V V V V	☐ DELETE	5.4 CHY-ST-ZIP			[ ] AL	1 4442
NAME	MAY, LARRY		6.1 TITLE			Change	Addition
STREET ADDRESS	1820 METCALF AVE		6.2 NAME	poprec			
CITY-ST-ZIP	THOMASVILLE GA		6.3 STREET A	i			
14. Lhereby o	certify that the information supplied with	this filing does not qualify for the	6.4 CITY-ST- he exemption	nn etate	d in Section 119 07(3Vi). Florida Statutes 1	further certify that the	information
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation for the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.							