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Mar 03 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 837982 (8)
1. Corporation Name
CALGON INTERAMERICAN CORPORATION



Principal Place of Business
RT 60 AT CAMPBELLS RUN ROAD
PO BOX 1346
PITTSBURGH PA 15230
US

Mailing Address
C/O CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324-4413
US

3. Date Incorporated or Qualified 03/09/1977	3a. Date of Last Report 03/15/1996
4. FEI Number 25-1207736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD SOUTHGATE, ROBERT J RT 60 AT CAMPBELLS RUN RD. PITTSBURGH PA 15205	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D MITCHELL, WILLIAM C RT 60 AT CAMPBELLS RUN RD. PITTSBURGH PA 15205	2.1 TITLE	Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD KERST, A.F. RT 60 AT CAMPBELLS RUN PITTSBURGH PA 15205	3.1 TITLE	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	James H. Heagle
STREET ADDRESS		3.3 STREET ADDRESS	Rt. 60 Campbell's Run Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Pittsburgh, PA 15205
TITLE	D GORMLEY, DENNIS J RT 60 AT CAMPBELLS RUN RD. PITTSBURGH PA 15205	4.1 TITLE	Treasurer and Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Dirk Peeters
STREET ADDRESS		4.3 STREET ADDRESS	Rt. 60 Campbell's Run Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Pittsburgh, PA 15205
TITLE	AS COCHENOUR, CRAIG G RT 60 AT CAMPBELLS RUN RD. PITTSBURGH PA 15205	5.1 TITLE	VP/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Richard G. Varsanik
STREET ADDRESS		5.3 STREET ADDRESS	Rt. 60 Campbell's Run Road
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Pittsburgh, PA 15205
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (9/96)