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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 837982

(8)

CALGON INTERAMERICAN CORPORATION

FILED Feb 05 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailir	ng Address			-			O HINI SIENI DIE	HE BABAL BABAL B	SEL BURN INGL
RT 60 AT CA	IMPBELLS RUN ROAD	C/O	CT CORPORATION	SYST	EM						
PO 80X 1346 1200 S PINE ISLAND RD PHTSBURGH PA 15230 PLANTATION FL 33324								55,157,115			
US	PA 1529U	PLAN US	HATION FL 33324					DO NOT WF 3. Date Incorporated or Qualifie		SPACE	
		00						03/09/1977	90		
2. Principal F	Place of Business	2a. M	ailing Address					4. FEI Number		1	Applied For
21		26						25-1207736			Vot Applicable
Suite, Apt.	#, etc.		uite, Apt. #, etc.								Additional
22		27						5. Certificate of Status Desired			Required
City & Stat	e	C	ty & State					6. Election Campaign Financing	3	\$5.0	D May Be
23		28			_			Trust Fund Contribution		Adde	to Fees
Zip	Country	Zi _l	p		Country	•		8. This corporation owes or has			
24	9. Name and Address of Current	29	ad Acont	30				Personal Property Tax due Ju			IX No
		negister	ed Agent		81	Name		10. Name and Address of New	Hegistered	1 Agent	
1	CORPORATION SYSTEM					7441140					
I	00 S. Pine island road Antation FL 33324				82	Street	Addres	ss (P.O. Box Number is Not Accep	table)		······
'-	11771101112 00027				83						
					84	City			_	85 Zig	Code
									Fl		
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1 of Florida.	1508, Fiorida Statui Such chance was	tes, th author	ne above prized by	named	corpor	ation submits this statement for the	e purpose o	of changing	its registered
agent. I a	m familiar with, and accept the obliga	tions of, Se	ection 607.0505, FI	orida	Statutes	i.	poration	10 board of directors. Thereby ac	cept the ap	pon in nerica	s registered
SIGNATURE											
12.	Signature, typed or printed name of registered agen OFFICERS AND					nt signature	required	when reinstating)	DATE		
	OFFICENS AND				40					10 010C0T0	
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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 or 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.

412/494-8530