

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90091 042 ***150.00

DOCUMENT # 837982

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
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1977

4. FEI Number

25-1207736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
VD
TIMLIN, JAMES J
STREET ADDRESS
1129 TALL TREES DRIVE
CITY-ST-ZIP
PITTSBURGH PA 15241

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
RT. 60 AT CAMPBELL'S RUN ROAD
1.4 CITY-ST-ZIP
PITTSBURGH, PA 15205

TITLE ☐ DELETE

NAME
SD
LABRIOLA, MICHAEL A
STREET ADDRESS
RT 60 AT CAMPBELLS RUN ROAD
CITY-ST-ZIP
PITTSBURGH PA 15205

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
PD
HEAGLE, JAMES H.
STREET ADDRESS
RT. 60 CAMPBELL'S RUN ROAD
CITY-ST-ZIP
PITTSBURGH PA

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME
TC
PEETERS, DIRK
STREET ADDRESS
RT. 60 CAMPBELL'S RUN ROAD
CITY-ST-ZIP
PITTSBURGH PA

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
VP
GUARD, BRUCE S.
4.3 STREET ADDRESS
RT. 60 CAMPBELL'S RUN ROAD
4.4 CITY-ST-ZIP
PITTSBURGH PA 15205

TITLE ☐ DELETE

NAME
VPD
VARSANIK, RICHARD G.
STREET ADDRESS
RT. 60 CAMPBELL'S RUN ROAD
CITY-ST-ZIP
PITTSBURGH PA

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Michael A. Guard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

Date

412-494-8530

Daytime Phone #

CR2E034 (11/98)

0000965