

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000005

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: CULLIGAN DEALER CORP.

## Current Principal Place of Business:

ONE CULLIGAN PKWY  
NORTHBROOK, IL 60062

## New Principal Place of Business:

## Current Mailing Address:

ONE CULLIGAN PKWY  
ATTN: AMY MCLEAN  
NORTHBROOK, IL 60062

## New Mailing Address:

FEI Number: 33-0849094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: KACHMER, MICHAEL J  
Address: ONE CULLIGAN PARKWAY  
City-St-Zip: NORTHBROOK, IL 60062

Title: VD ( ) Delete  
Name: MORRISON, JOSEPH F  
Address: ONE CULLIGAN PARKWAY  
City-St-Zip: NORTHBROOK, IL 60062

Title: T ( ) Delete  
Name: KAWALSKY, JEFFREY T  
Address: ONE CULLIGAN PKWY  
City-St-Zip: NORTHBROOK, IL 60062

Title: VSD ( ) Delete  
Name: BENNETT, SUSAN E  
Address: ONE CULLIGAN PKWY  
City-St-Zip: NORTHBROOK, IL 60062

Title: PD ( ) Delete  
Name: SEALS, MARK A  
Address: ONE CULLIGAN PKWY  
City-St-Zip: NORTHBROOK, IL 60062

Title: AS ( ) Delete  
Name: MCLEAN, AMY C  
Address: ONE CULLIGAN PARKWAY  
City-St-Zip: NORTHBROOK, IL 60062

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO (X) Change ( ) Addition  
Name: HENRY, MARIA  
Address: ONE CULLIGAN PARKWAY  
City-St-Zip: NORTHBROOK, IL 60062

Title: TD (X) Change ( ) Addition  
Name: KAWALSKY, JEFFREY T  
Address: ONE CULLIGAN PKWY  
City-St-Zip: NORTHBROOK, IL 60062

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: AMY C. MCLEAN

AS

04/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date