2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000030

Entity Name: U.S. FILTER CONTROL SYSTEMS, INC.

FILED Jan 16, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	OK STREET ERT, CA 922	211			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	OK STREET ERT, CA 922	211			
FEI Number:	39-1736564	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
The above in the State		submits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered Agen	t	Date	
Election Cam	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	V (GAETANO, JO' 40-004 COOK PALM DESERT	STREET	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	P (FIRSCHING, FI 40-004 COOK PALM DESERT	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CHISHOLM, W) Delete . CHRISTOPHER ROW FOREST PARKWAY 77032	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	VAS (STANCZAK, ST 40-004 COOK PALM DESERT	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS (BUSHHORN, A 40-004 COOK PALM DESERT	STREET	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	V (NOBLE, FRED 40-004 COOK PALM DESERT	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: APRIL BUSHHORN AS 01/16/2004