2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0100000030

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

FILED Jan 14, 2005 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
40-004 COOK STREET PALM DESERT, CA 92211				181 THORN HILL ROAD WARRNEDALE, PA 15086		
Current Mailing Address:				New Mailing Address:		
40-004 COOK STREET PALM DESERT, CA 92211				78-080 CALLE ESTADO SUITE 201 LA QUINTA, CA 92253		
FEI Number: 39-1736564 FEI Number Applied For () FEI Nu			mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
1200 SOUT	ORATION SYS TH PINE ISLAN DN, FL 33324					
The above in the State		ubmits this statement for the pu	irpose o	f changing it	ts registered	d office or registered agent, or both,
SIGNATUR	E:					
Electronic Signature of Registered Agent						Date
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V ()E GAETANO, JOYE 40-004 COOK ST PALM DESERT,	reet		Title: Name: Address: City-St-Zip:	NEWELL, DE 181 THRON	
Title: Name: Address: City-St-Zip:	P () EFIRSCHING, FRA 40-004 COOK ST PALM DESERT,	TREET		Title: Name: Address: City-St-Zip:	FIRSCHING,	LE ESTADO, SUITE 201
Title: Name: Address: City-St-Zip:	CHISHOLM, W.	W FOREST PARKWAY		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	VAS ()[STANCZAK, STE 40-004 COOK ST PALM DESERT,	reet		Title: Name: Address: City-St-Zip:	STANCZAK,	LE ESTADO, SUITE 201
Title: Name: Address: City-St-Zip:	AS () E BUSHHORN, APE 40-004 COOK ST PALM DESERT,	reet		Title: Name: Address: City-St-Zip:	BUSHHORN,	_ ESTADO, SUITE 201
Title: Name: Address: City-St-Zip:	V (X) I NOBLE, FREDER 40-004 COOK ST PALM DESERT,	reet		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 K. BUSHHORN AS 01/14/2005