FILED

904-359-5501

Daytime Phone #

## 2002 Uniform Business Report (UBR)

## Apr 15, 2002 8:00 am Secretary of State F01000004149 **DOCUMENT #** 1. Entity Name 04-15-2002 90034 050 \*\*\*158.75 APPLIED WATER MANAGEMENT, INC. Principal Place of Business Mailing Address 2 CLERICO LANE" 2 CLERICO LANE HILLSBOROUGH NJ: 08844 HILLSBOROUGH NJ 08844 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 22-3608285 Not Applicable \_Country\_\_\_ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PANARO, GLENN A Street Address (P.O. Box Number is Not Acceptable) 3810 INDIAN RIVER DRIVE VERO BEACH FL 32963 Zip Code 8. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CHAIRMAN TITLE ☐ Delete TITI F McGivern James CLERICO, EDWARD A NAME NAME 1025 Laurel Oak Rd 2 CLERICO LANE STREET ADDRESS STREET ADDRESS HILLSBOROUGH NJ Voorhees NJ 08043 CITY-ST-ZIP CITY-ST-ZIP maxwell Alexander ("sandy") Addition ☐ Delete TITLE TITLE SCHWARTZ, ROBERT F NAME NAME 2 CLERICO LANE STREET ADDRESS 2 Clerico STREET ADDRESS HILLSBOROUGH NJ CITY-ST-ZIP CITY\_ST\_ZIP Hillsborough N.T.O.88-44 VP Controller TITLE Delete Doll, Dennis W. NAME STRAUSS, MARK F NAME 600 South Ave STREET ADDRESS 2 CLERICO LANE STREET ADDRESS WestField NJ 07091-0788 HILLSBOROUGH NJ CITY-ST-7IP CITY-ST-7IP VP, CFO, J ☐ Change ☐ Addition TITLE TITLE Kinkade Robert MARGETTS, ELAINE NAME NAME **600 SOUTH AVENUE** STREET ADDRESS STREET ADDRESS WestField 07091-0788 CITY-ST-ZIP WESTFIELD NJ CITY-ST-ZIP NI Change Addition TITLE TITLE Higgins, Andrew PELCZER, JEREMY D NAME NAME **600 SOUTH AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTFIELD NJ CITY-ST-ZIP ☐ Delete CHAPMAN, ANDREW M NAME NAME **600 SOUTH AVENUE** STREET ADDRESS STREET ADDRESS 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address of all other like empowered. WESTFIELD NJ CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: