2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # F01000004149** 01-23-2006 90044 036 ***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. 01042006 Cha-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State 22-3608285 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVÉ PARK DR. SUITE 4 WESTON, FL 33331 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Addition D/C STRAUSS, MARK F NAME NAME Graham Wood 2 CLERICO LANE STREET ADDRESS STREET ADDRESS 1025 Laurel Oak Road HILLSBOROUGH, NJ 08844 CITY-ST-ZIP CITY-ST-ZIF Voorhees NJ 08043 TITLE ☐ Delete Change Addition SCHWARTZ, ROBERT F NAME NAME William Eisenstadt STREET ADDRESS 2 CLERICO LANE STREET ADDRESS 1025 Laurel Oak Road CITY-ST-ZIP HILLSBOROUGH, NJ 08844 CITY-ST-ZIP Voorhees NJ 08043 TITLE ☐ Delete ☐ Change Addition THEF NAME HIGGINS, ANDREW J NAME Gerald Kochanski STREET ADDRESS 2 CLERICO LANE STREET ADDRESS 1025 Laurel Oak Road HILLSBOROUGH, NJ 08844 CITY-ST-ZIP CITY - ST-ZIP Voorhees NJ 08043 ☐ Delete ■ Addition TITLE ☐ Change ORLANDO, PHILIP NAME NAME STREET ADDRESS 2 CLERICO LANE STREET ADDRESS CITY-ST-ZIP HILLSBOROUGH, NJ 08844 CITY-ST-ZIP COO ☐ Defete ☐ Addition TITLE TITLE ☐ Change DAVIES, TIMOTHY NAME STREET ADDRESS 2 CLERICO LANE STREET ADDRESS CITY-ST-ZIP HILLSBOROUGH, NJ 08844 CITY-ST-ZIP TITLE ☑ Delete TITLE ☐ Change ☐ Addition LYNCH, WALTER STREET ADDRESS 1025 LAUREL OAK ROAD STREET ADDRESS VOORHEES, NJ 08043 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied indicated on this report or supplemental reg th this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the rece

Mark F. Strauss

O TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 23, 2006 8:00 am