

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004149

FILED
Apr 29, 2010
Secretary of State

Entity Name: APPLIED WATER MANAGEMENT, INC.

Current Principal Place of Business:

2 CLERICO LANE
HILLSBOROUGH, NJ 08844

New Principal Place of Business:

Current Mailing Address:

2 CLERICO LANE
HILLSBOROUGH, NJ 08844

New Mailing Address:

PO BOX 5627
CHERRY HILL, NJ 08034

FEI Number: 22-3608285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
SUITE 4
WESTON, FL 33331 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: P
Name: DAVIES, TIMOTHY J
Address: 2 CLERICO LANE
City-St-Zip: HILLSBOROUGH, NJ 08844

Title: VP
Name: ANTHONY, DOUGLAS
Address: 1025 LAUREL OAK ROAD
City-St-Zip: VOORHEES, NJ 08043

Title: VP
Name: HIGGINS, ANDREW J
Address: 2 CLERICO LANE
City-St-Zip: HILLSBOROUGH, NJ 08844

Title: D
Name: BUNTING, SHAWN C
Address: 1025 LAUREL OAK ROAD
City-St-Zip: VOORHEES, NJ 08043

Title: D
Name: STRAUSS, MARK F
Address: 1025 LAUREL OAK ROAD
City-St-Zip: VOORHEES, NJ 08043

Title: T
Name: AZIE, OKECHUKWU
Address: 1025 LAUREL OAK ROAD
City-St-Zip: VOORHEES, NJ 08043

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY DAVIES

P

04/29/2010

Electronic Signature of Signing Officer or Director

_____ Date