

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

CR18706 AT

04-11-2003 90214 038 ***150.00

DOCUMENT # F01000004149



1. Entity Name
APPLIED WATER MANAGEMENT, INC.

Principal Place of Business
**2 CLERICO LANE
HILLSBOROUGH NJ 08844**

Mailing Address
**2 CLERICO LANE
HILLSBOROUGH NJ 08844**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3608285**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PANARO, GLENN A
3810 INDIAN RIVER DRIVE
VERO BEACH FL 32963**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ DATE _____
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	CLERICO, EDWARD A
STREET ADDRESS	2 CLERICO LANE
CITY-ST-ZIP	HILLSBOROUGH NJ
TITLE	V <input type="checkbox"/> Delete
NAME	SCHWARTZ, ROBERT F
STREET ADDRESS	2 CLERICO LANE
CITY-ST-ZIP	HILLSBOROUGH NJ
TITLE	S <input type="checkbox"/> Delete
NAME	STRAUSS, MARK F
STREET ADDRESS	2 CLERICO LANE
CITY-ST-ZIP	HILLSBOROUGH NJ
TITLE	C <input type="checkbox"/> Delete
NAME	MCGIVERN, JAMES
STREET ADDRESS	1025 LAUREL OAK RD
CITY-ST-ZIP	VOORHEES NJ 08043
TITLE	<input type="checkbox"/> Delete
NAME	CEOP ALEXANDER, MAXWELL
STREET ADDRESS	2 CLERICO LA
CITY-ST-ZIP	HILLSBOROUGH NJ 08844
TITLE	V <input type="checkbox"/> Delete
NAME	CHAPMAN, ANDREW M
STREET ADDRESS	600 SOUTH AVENUE
CITY-ST-ZIP	WESTFIELD NJ

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Mark F. Strauss* **2/14/03** **908-359-5501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)