2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# F01000004449

Entity Name: WATERFURNACE INTERNATIONAL, INC.

Current Principal Place of Business:

9000 CONSERVATION WAY
FORT WAYNE, IN 46809

New Principal Place of Business:

Current Mailing Address:

9000 CONSERVATION WAY
FORT WAYNE, IN 46809

New Mailing Address:

FEI Number: 35-1873795 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PCEO ( ) Delete
Name: RITCHEY, BRUCE
Address: 9000 CONSERVATION WAY
City-St-Zip: FORT WAYNE, IN 46809

Title: SCFO ( ) Delete
Name: DENNIS, DUANE W
Address: 9000 CONSERVATION WAY
City-St-Zip: FORT WAYNE, IN 46809

Title: V (X) Delete
Name: COOPER, TONY
Address: 9000 CONSERVATION WAY
City-St-Zip: FORT WAYNE, IN 46809

Title: V (X) Delete
Name: DEAN, WILLIAM J
Address: 9000 CONSERVATION WAY
City-St-Zip: FORT WAYNE, IN 46809

Title: DC (X) Delete
Name: SHIELDS, JAMES R
Address: 9000 CONSERVATION WAY
City-St-Zip: FORT WAYNE, IN 46809

Title: D ( ) Delete
Name: SHIELDS, TIMOTHY E
Address: 9000 CONSERVATION WAY
City-St-Zip: FORT WAYNE, IN 46809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DC (X) Change ( ) Addition
Name: SHIELDS, TIMOTHY E
Address: 9000 CONSERVATION WAY
City-St-Zip: FORT WAYNE, IN 46809

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: DUANE W. DENNIS SCFO 04/15/2005

Electronic Signature of Signing Officer or Director — Date