

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000005399</b> 1. Entity Name HAYWARD POOL PRODUCTS, INC.	
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Principal Place of Business 620 DIVISION STREET ELIZABETH, NJ 07201	Mailing Address 620 DIVISION STREET ELIZABETH, NJ 07201
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DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>22-2337331</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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5. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

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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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, ROBERT 620 DIVISION STREET ELIZABETH, NJ 07201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIAMOND, ANDREW 620 DIVISION STREET ELIZABETH, NJ 07201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLENN, JAMES L 620 DIVISION STREET ELIZABETH, NJ 07201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICCIARDO, GERALD J 620 DIVISION STREET ELIZABETH, NJ 07201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DAVIS, OCSAR 620 DIVISION STREET ELIZABETH, NJ 07201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARACY, WARD C 620 DIVISION STREET ELIZABETH, NJ 07201

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02/14/05-80007-014 150.00

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 like empowered.

SIGNATURE: \_\_\_\_\_ Date: **2/7/05** Daytime Phone #: **908-351-5400 x4302**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR