


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90008 012 \*\*\*150.00

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|  |                            |  |   |  |  |
|--|----------------------------|--|---|--|--|
| DOCUMENT # F04000002062  |                            |  |   |         |  |
| 1. Entity Name<br>ORICA WATERCARE INC.   |                            |  |   |  |  |
| Principal Place of Business<br>33101 E. QUINCY AVE.<br>WATKINS, CO 80137   |                            | Mailing Address<br>33101 E. QUINCY AVE.<br>WATKINS, CO 80137   |   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                            | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |                            | Suite, Apt. #, etc.  |   |  |  |
| City & State   |                            | City & State   |   | 4. FEI Number<br><b>84-1574849</b>   |  |
| Zip  |                            | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525   |                            |  | 7. Name and Address of New Registered Agent           |  |  |
| Name   |                            |  | Name  |  |  |
| Street Address (P.O. Box Number is Not Acceptable)   |                            |  | Street Address (P.O. Box Number is Not Acceptable)    |  |  |
| City   |                            |  | City  |  | Zip Code   |
| FL   |                            |  |   |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                            |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |  |  |
| 10. OFFICERS AND DIRECTORS   |                            |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  |
| TITLE  | PD                         | <input checked="" type="checkbox"/> Delete   | TITLE   | Treasurer  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | KEEVER, CHRIS S            |  | NAME  | RICHARD BETTS  |  |
| STREET ADDRESS   | 33101 E. QUINCY AVE.       |  | STREET ADDRESS  | 33101 E. QUINCY AVE.   |  |
| CITY-ST-ZIP  | WATKINS, CO 80137          |  | CITY-ST-ZIP   | WATKINS, CO 80137  |  |
| TITLE  | VP                         | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | BOURKE, MICHAEL            |  | NAME  |  |  |
| STREET ADDRESS   | 33101 E. QUINCY AVE.       |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | WATKINS, CO 80137          |  | CITY-ST-ZIP   |  |  |
| TITLE  | S                          | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | CURTIS, CHRISTOPHER K      |  | NAME  |  |  |
| STREET ADDRESS   | 33101 E. QUINCY AVE.       |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | WATKINS, CO 80137          |  | CITY-ST-ZIP   |  |  |
| TITLE  | T                          | <input checked="" type="checkbox"/> Delete   | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | HUTTON, STUART             |  | NAME  |  |  |
| STREET ADDRESS   | 33101 E. QUINCY AVE.       |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | WATKINS, CO 80137          |  | CITY-ST-ZIP   |  |  |
| TITLE  | D                          | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | ROBERTS, GUY R             |  | NAME  |  |  |
| STREET ADDRESS   | 1 NICHOLSON ST             |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | EAST MELBOURNE, AUSTRALIA, |  | CITY-ST-ZIP   |  |  |
| TITLE  | D                          | <input checked="" type="checkbox"/> Delete   | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | EGAN, GARY                 |  | NAME  |  |  |
| STREET ADDRESS   | 1 NICHOLSON STREET         |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | EAST MELBOURNE, AUSTRALIA, |  | CITY-ST-ZIP   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Christopher S. Keever</i>  |                            | CHRISTOPHER S. KEEVER  |   | 4/25/07  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                            | Date   |   | Daytime Phone #  |  |
|  |                            |  |   | 303-268-5000   |  |