

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002062

Entity Name: ORICA WATERCARE INC.

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

33101 E. QUINCY AVE.  
WATKINS, CO 80137

**New Principal Place of Business:**

**Current Mailing Address:**

33101 E. QUINCY AVE.  
WATKINS, CO 80137

**New Mailing Address:**

FEI Number: 84-1574849      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: M ( ) Delete  
Name: BETTS, RICHARD  
Address: 33101 E. QUINCY AVE.  
City-St-Zip: WATKINS, CO 80137

Title: VP ( ) Delete  
Name: BOURKE, MICHAEL  
Address: 33101 E. QUINCY AVE.  
City-St-Zip: WATKINS, CO 80137

Title: S ( ) Delete  
Name: CURTIS, CHRISTOPHER K  
Address: 33101 E. QUINCY AVE.  
City-St-Zip: WATKINS, CO 80137

Title: D ( ) Delete  
Name: JONES, SHANE  
Address: 33101 E. QUINCY AVE.  
City-St-Zip: WATKINS, CO 80137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TR (X) Change ( ) Addition  
Name: BETTS, RICHARD  
Address: 33101 E. QUINCY AVE.  
City-St-Zip: WATKINS, CO 80137

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

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

Title: PR (X) Change ( ) Addition  
Name: JONES, SHANE  
Address: 33101 E. QUINCY AVE.  
City-St-Zip: WATKINS, CO 80137

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LEONARD TEAGUE SENIOR TAX ANALYST

MR

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date