

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F06000004674

FILED
Jul 10, 2009
Secretary of State**Entity Name:** DHI WATER & ENVIRONMENT, INC.**Current Principal Place of Business:**2909 W. BAY TO BAY BLVD.
SUITE 206
TAMPA, FL 33629**New Principal Place of Business:****Current Mailing Address:**2909 W. BAY TO BAY BLVD.
SUITE 206
TAMPA, FL 33629**New Mailing Address:**319 SW WASHINGTON ST.
SUITE 614
PORTLAND, OR 97204 US**FEI Number:** 23-2904467**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**C T CORPOORATION 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

OFFICERS AND DIRECTORS:

Title: VCTD () Delete
Name: RASMUSSEN, PETER
Address: 319 SW WASHINGTON ST, SUITE 614
City-St-Zip: PORTLAND, OR 97204

Title: D () Delete
Name: KEJ, ASGER
Address: 319 SW WASHINGTON ST, SUITE 614
City-St-Zip: PORTLAND, OR 97204

Title: PS () Delete
Name: CARR, ROBERT S
Address: 319 SW WASHINGTON ST. SUITE 614
City-St-Zip: PORTLAND, OR 97204

Title: VP () Delete
Name: DELANEY, PATRICK
Address: 319 SW WASHINGTON ST, SUITE 614
City-St-Zip: PORTLAND, OR 97204

Title: () Delete
Name:
Address:
City-St-Zip:

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: VP () Change (X) Addition
Name: VOUGHT, KEVIN E
Address: 2909 W. BAY TO BAY BLVD., SUITE 206
City-St-Zip: TAMPA, FL 33629 US

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: ROBERT S CARR

PS

07/10/2009

Electronic Signature of Signing Officer or Director

Date