

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000004520

1. Entity Name
BASIN WATER - MPT, INC.



Principal Place of Business
8731 PRESTIGE COURT
RANCHO CUCAMONGA, CA 91730

Mailing Address
8731 PRESTIGE COURT
RANCHO CUCAMONGA, CA 91730

DO NOT WRITE IN THIS SPACE



06052008 No Chg-P CR2E034 (11/05)

4. FEI Number
26-0799465

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	STARK, MICHAEL M
STREET ADDRESS	8731 PRESTIGE COURT
CITY - ST - ZIP	RANCHO CUCAMONGA, CA 91730
TITLE	DT
NAME	TEKULVE, THOMAS C
STREET ADDRESS	8731 PRESTIGE COURT
CITY - ST - ZIP	RANCHO CUCAMONGA, CA 91730
TITLE	P
NAME	GORGOL, ROBERT
STREET ADDRESS	8731 PRESTIGE COURT
CITY - ST - ZIP	RANCHO CUCAMONGA, CA 91730
TITLE	VD
NAME	HAMILTON, SCOTT B
STREET ADDRESS	8731 PRESTIGE COURT
CITY - ST - ZIP	RANCHO CUCAMONGA, CA 91730
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000953158
06/16/08-80002-003 550.00

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IN THIS SPACE**

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: _____

Leslie Ward Cline Leslie Ward Cline 6/15/08 909/481-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #