2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # **F44912** Sep 13, 2000 8:00 am Secretary of State 1. Entity Name NALCO, INC. 09-13-2000 90018 037 ***550.00 Mailing Address Principal Place of Business 200 LAURA STREET 200 LAURA STREET P.O. BOX 240 P.O. BOX 240 JACKSONVILLE FL 32201-7240 JACKSONVILLE FL 32201-7240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2116222 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COMMANDER III, CHARLES E. Street Address (P.O. Box Number is Not Acceptable) 200 LAURA STREET JACKSONVILLE FL 32202 City Zip Code 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. 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE ☐ Change ☐ Addition ☐ Delete TITLE COMMANDER, CHARLES E III NAME NAME STREET ADDRESS STREET ADDRESS 200 LAURA STREET CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32202 Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Octachment F44912 A0077264

FOLEY & LARDNER

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CLIENT/MATTER NUMBER 036807/0101

EMAIL ADDRESS kpeterson@foleylaw.com

September 11, 2000

VIA OVERNIGHT DELIVERY

Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re:

Cedar River Developers, Inc.

Nalco, Inc.

Ladies and Gentlemen:

Enclosed for filing are Uniform Business Reports for the referenced corporations, each of which is accompanied by a check in the amount of \$550 in payment of the required fees.

Very truly yours,

Karen R. Peterson Legal Assistant

Karen R Petrison

Enclosure(s)

cc: Charles E. Commander, III, Esq.