2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 8:00 am Secretary of State

| DOCUMENT # F9300002658 1. Entity Name CULLIGAN STORE SOLUTIONS, INC. | | | | | | | 04-26-2005 9 | 0170 02 | 29 ***150 | .00 | |
|---|--|--|-----------------------------------|-----------------------|--|--|----------------------------------|------------|----------------------------|---------------------------|--|
| ONE CULLIGAN PARKWAY NORTHBROOK, IL 60062 | | Mailing Address ONE CULLIGAN PARKWAY ATTN AMY MCLEAN NORTHBROOK, 1L 60062 US | | | | : ! | | | | | |
| 2. Principal P | lace of Business | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 04182005 | Chg-P | CR2E0 | 34 (10/03) | | |
| City & Stat | е | City & State | | | | 4. FEI Number 41-1648 | | | _ | plied For t Applicable | |
| Zip | Country | Zip | Countr | У | | 5. Certificate o | f Status Desired | | \$8.75 Add Fee Required | | |
| | 6. Name and Address of Current R | egistered Agent | | | | 7. Name and A | Address of New Re | gistered / | Agent | | |
| CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANATION, FL 33324 | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | City | | | | | FL | Zip Code | 9 | |
| 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) OATE | | | | | | | | | | | |
| | | | | | | 00 May Be ed to Fees | | ••• | | | |
| 10. | OFFICERS AND DIRECTORS 11 | | | | | ADDITIONS/C | HANGES TO OFFI | CERS AND | DIRECTORS | S IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KACHMER, MICHAEL J ONE CULLIGAN PARKWAY NORTHBROOK, IL 60062 | CULLIGAN PARKWAY ST | | F ADDRESS ST-ZIP | One | achmer, Michael J. ne Culligan Parkway lorthbrook, IL 600102 | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD HULME, MICHAEL E JR. 40-004 COOK STREET PALM DESERT, CA 92211 | DLME, MICHAEL E JR. -004 COOK STREET | | T ADORESS ST - ZIP | NP | | | | ☐ Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | VD MORRISON, JOSEPH F ONE CULLIGAN PARKWAY NORTHBROOK, IL 60062 | AN PARKWAY S DK, IL 60062 C | | T ADORESS ST-ZIP | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DIERKER, JAMES W 40-004 COOK STREET PALM DESERT, CA 92211 | ⊠ Delete | TITLE NAME STREET CITY-S | T ADDRESS ST-ZIP | T Kaux One Nor | USKY, Je Culligan Hhbrook | effreyt. Parkwau L, IL 600 | 1 102 | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPAS BENNETT, SUSAN E ONE CULLIGAN PARKWAY NORTHBROOK, IL 60062 | ☐ Delete | TITLE NAME STREET CITY-S | T ADDRESS | D/V/ Beni One | S nett, Su! Culligan | | | Change | Addition | |
| TITLE RAME STREET ADDRESS CITY-ST-ZIP | AS MCLEAN, AMY C ONE CULLIGAN PARKWAY NORTHBROOK, IL 60062 | ☐ Delete | TITLE NAME STREET CITY-S | T ADDRESS | | | | | ☐ Change | Addition | |

12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Uny C. McKian Amy C. McLean 4-19-05 847-205-6115
SIGNATURE: Oslo Daylore Priore #