

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002658

FILED
Mar 01, 2007
Secretary of State

Entity Name: CULLIGAN STORE SOLUTIONS, INC.

Current Principal Place of Business:

ONE CULLIGAN PARKWAY
NORTHBROOK, IL 60062

New Principal Place of Business:

Current Mailing Address:

ONE CULLIGAN PARKWAY
ATTN AMY MCLEAN
NORTHBROOK, IL 60062 US

New Mailing Address:

FEI Number: 41-1648132 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANATION, 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: KACHMER, MICHAEL J
Address: ONE CULLIGAN PARKWAY
City-St-Zip: NORTHBROOK, IL 60062

Title: DP () Delete
Name: SEALS, MARK A
Address: ONE CULLIGAN PARKWAY
City-St-Zip: NORTHBROOK, IL 60062

Title: CFO () Delete
Name: HENRY, MARIA
Address: ONE CULLIGAN PARKWAY
City-St-Zip: NORTHBROOK, IL 60062

Title: TD () Delete
Name: KAWALSKY, JEFFREY T
Address: ONE CULLIGAN PARKWAY
City-St-Zip: NORTHBROOK, IL 60062

Title: DVS () Delete
Name: BENNETT, SUSAN E
Address: ONE CULLIGAN PARKWAY
City-St-Zip: NORTHBROOK, IL 60062

Title: AS () Delete
Name: MCLEAN, AMY C
Address: ONE CULLIGAN PARKWAY
City-St-Zip: NORTHBROOK, IL 60062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: CONNOLLY, ALLAN J
Address: ONE CULLIGAN PARKWAY
City-St-Zip: NORTHBROOK, IL 60062

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

I hereby certify that the information supplied with this filing does not qualify for the 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: AMY C. MCLEAN

AS

03/01/2007

Electronic Signature of Signing Officer or Director

_____ Date