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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005887 (5)

1. Corporation Name
CALGON CORPORATION

Principal Place of Business
P. O. BOX 1346
PITTSBURGH PA 15230
US

Mailing Address
P. O. BOX 1346
PITTSBURGH PA 15230-1346
US

3. Date Incorporated or Qualified 12/27/1993
3a. Date of Last Report 03/13/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 25-1711614	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KERST, A. FRED 1042 PRINTERS PL. PITTSBURGH PA 15237 CITY-ST-ZIP	1.1 TITLE	P/D James H. Heagle 520 Salem Heights Drive Gibsonia, PA 15044 CITY-ST-ZIP
NAME	D SHARLAND, TREVOR T 21 DUFFIELD RD. WOODLEY-BERKSHIRE, ENGLAND CITY-ST-ZIP	2.1 TITLE	V/D Richard G. Varsanik 104 Great Oaks Drive Coraopolis, PA 15108 CITY-ST-ZIP
STREET ADDRESS	VD MOODY, TIMOTHY H 2210 ALMANACK CT. PITTSBURGH PA 15241 CITY-ST-ZIP	2.2 NAME	
CITY-ST-ZIP	D DRAYTON, PATRICK 28 CARLTON HIL LONDON, ENGLAND CITY-ST-ZIP	2.3 STREET ADDRESS	
TITLE	T GROMLEY, DENNIS J. 62 WOODLAND DR. PITTSBURG FL CITY-ST-ZIP	2.4 CITY-ST-ZIP	
NAME	S MITCHELL, WILLIAM C 143 MARWOOD DR. UPPER ST. CLAIR PA CITY-ST-ZIP	3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William C. Mitchell 4/21/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: (412) 494-8922
Daytime Phone #