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05 APR -4 AM 11:11

**CORPORATION
ANNUAL REPORT
1995**



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000439 (9)

1. Corporation Name

DIVERSEY WATER TECHNOLOGIES INC.

Principal Place of Business

P.O. BOX 200
CHAGRIN FALLS OH 44022

Mailing Address

P.O. BOX 200
CHAGRIN FALLS OH 44022

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/28/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

34-1716255

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **TRESSIDER, S. ROSS**
STREET ADDRESS **1 ROBERT SPECK PKY.**
CITY - ST - ZIP **MISSISSAUGA, ONTARIO CANADA**

TITLE **VAS**
NAME **TRIMBLE, ERIC C**
STREET ADDRESS **1 ROBERT SPECK PKY.**
CITY - ST - ZIP **MISSISSAUGA, ONTARIO CANADA**

TITLE **V**
NAME **FRUIT, RICHARD E**
STREET ADDRESS **7145 PINE ST.**
CITY - ST - ZIP **CHAGRIN FALLS OH 44022**

TITLE **V**
NAME **FOSTER, OWEN G**
STREET ADDRESS **7145 PINE ST.**
CITY - ST - ZIP **CHAGRIN FALLS OH 44022**

TITLE **ST**
NAME **RANCOURT, CATHERINE J**
STREET ADDRESS **7145 PINE ST.**
CITY - ST - ZIP **CHAGRIN FALLS OH 44022**

TITLE **AT**
NAME **MAYERS, TED C**
STREET ADDRESS **1 ROBERT SPECK PKY.**
CITY - ST - ZIP **MISSISSAUGA, ONTARIO CANADA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

[Signature]

C. J. RANCOURT

Secy/Treas

3/29/95

247-5000

TYPE TITLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number