

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified: **01/28/1994**
3a. Date of Last Report: **04/04/1995**
4. FEI Number: **34-1716255**
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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

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
85 Zip Code **FL**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TRESSIDER, S. ROSS	
STREET ADDRESS	1 ROBERT SPECK PKY.	
CITY-ST-ZIP	MISSISSAUGA, ONTARIO CANADA	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	TRIMBLE, ERIC C	
STREET ADDRESS	1 ROBERT SPECK PKY.	
CITY-ST-ZIP	MISSISSAUGA, ONTARIO CANADA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FRUIT, RICHARD E	
STREET ADDRESS	7145 PINE ST.	
CITY-ST-ZIP	CHAGRIN FALLS OH 44022	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FOSTER, OWEN G	
STREET ADDRESS	7145 PINE ST.	
CITY-ST-ZIP	CHAGRIN FALLS OH 44022	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	RANCOURT, CATHERINE J	
STREET ADDRESS	7145 PINE ST.	
CITY-ST-ZIP	CHAGRIN FALLS OH 44022	
TITLE	AT	<input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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: *Catherine J. Rancourt* **CATHERINE J. RANCOURT** 4/29/96 247-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)