## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

## FILED Feb 17 1998 8:00am LLOBIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 POCUMENT # F9400000439 (9) **DIVERSEY WATER TECHNOLOGIES INC.** Principal Place of Business Mailing Address P.O. BOX 200 P.O. BOX 200 **CHAGRIN FALLS OH 44022 CHAGRIN FALLS OH 44022** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/28/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 34-1716255 21 26 Not Applicable Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Zφ Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. Street Address (P.O. Box Number is Not Acceptable) SUITE 105 TALLAHASSEE FL 32301 83 84 City 11. Pursuant to the provisions of Sections 607.05.02 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 M 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 objections of, Section 607.0505, Norida Statutes. SIGNATURE when reinstating) OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1 1 TITLE HALLSON, P.J 1.2 NAME NAME **7145 PINE ST** 1.3 STREET ADDRESS STREET ADDRESS CHAGRIN FALLS OH CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition FRUIT, RICHARD E NAME 2.2 NAME 7145 PINE ST. STREET ADDRESS 2.3 STREET ADDRESS **CHAGRIN FALLS OH 44022** CITY - ST - 7IP 2. 4 CITY-ST-ZIP DELETE Change \_\_ Addition TITLE 3.1 TITLE RATLIFF, R.L. NAME 3.2 NAME Nalco Center one ONE MALCO CENTER STREET ADDRESS 3 3 STREET ADDRESS NAPERVILLE IL CITY - ST - ZIP 3 4. CITY-ST-ZIP DELETE ☐ Addition Change TITLE 4 1 TITLE RANCOURT, CATHERINE J NAME 4. 2 NAME 7145 PINE ST. STREET ADDRESS 4.3 STREET ADDRESS CHAGRIN FALLS OH CITY-SI-ZIP 4.4 City-ST-ZiP DELFTE ☐ Addition 5.1 TITLE TITLE GIOIMO, S.J. NAME 5.2 NAME

64 CITY-ST-ZIP 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 to on this annual report or suppliemental annual report is true and accurate and that my sonature shall have the same legal effect as if made under oath; that I am an order of the conjunction or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

5 3 STREET ADDRESS

**6.3 STREET ADDRESS** 

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

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NAPERVILLE IL

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

Addition

Change