

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000439

1. Entity Name

NALCO DIVERSIFIED TECHNOLOGIES, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90072 048 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 200
 CHAGRIN FALLS OH 44022

P.O. BOX 200
 CHAGRIN FALLS OH 44022-0200

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **34-1716255**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **CT Corporation System**
 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd
Plantation
 City **Plantation** FL Zip Code **33324**

8. 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.

Bill S. Apelis, Asst. Secretary

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P. & Director	KRIER, M.	7145 PINE ST.	CHAGRIN FALLS OH 44022	<input type="checkbox"/>
AT	HOLDERNESS, C. J.	ONE NALCO CENTER	NAPERVILLE IL 60563-1198	<input type="checkbox"/>
T	MARSHALL, W G	ONE NALCO CENTER	NAPERVILLE IL 60563-1198	<input checked="" type="checkbox"/>
AS	RANCOURT, CATHERINE J	7145 PINE ST.	CHAGRIN FALLS OH	<input type="checkbox"/>
S	GIOIMO, S.J.	ONE NALCO CENTER	NAPERVILLE IL	<input checked="" type="checkbox"/>
Director, Treasurer	Patrick McKnight	One Nalco Center	Naperville IL 60563-1198	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Director	Steve Newlin	One Nalco Center	Naperville IL 60563-1198	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Catherine Rancourt*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-11-00** Daytime Phone # **440-542-2554**