

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003057

1. Entity Name
HYDROQUAL, INC.

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90093 038 ***550.00

0000028
AV

Principal Place of Business
1 LETHBRIDGE PLAZA
MAHWAH NJ 07430

Mailing Address
1 LETHBRIDGE PLAZA
MAHWAH NJ 07430



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 22-2299344		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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. I am familiar with, and accept the obligations of registered agent.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	LEO, WILLIAM M	<input type="checkbox"/> Delete	TITLE	V	KEANE, KEVIN D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		4 BEATRIX ROAD		STREET ADDRESS		156 BRADY ROAD	
CITY-ST-ZIP		AIRMONT NY 10901		CITY-ST-ZIP		WARWICK, NY 10990	
TITLE	CV	ST JOHN, JOHN P	<input type="checkbox"/> Delete	TITLE	V/S/T	FITZPATRICK, JAMES J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		191 MABIE COURT		STREET ADDRESS		46 BEAR MOUNTAIN ROAD	
CITY-ST-ZIP		MAHWAH NJ 07430		CITY-ST-ZIP		RINGWOOD, NJ 07456	
TITLE	V	GALLAGHER, THOMAS W	<input type="checkbox"/> Delete	TITLE	V	SCHEIBLE, O. KARL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		263 INDIAN HOLLOW COURT		STREET ADDRESS		10 OAKLAND COURT	
CITY-ST-ZIP		MAHWAH NJ 07430		CITY-ST-ZIP		WARWICK, NY 10990	
TITLE	VT	SCHEIBLE, O. KARL	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		10 OAKLAND COURT		STREET ADDRESS			
CITY-ST-ZIP		WARWICK NY 10990		CITY-ST-ZIP			
TITLE	VP	BLUMBERG, ALAN F.	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		2 WINDING TRAIL		STREET ADDRESS			
CITY-ST-ZIP		MAHWAH NJ		CITY-ST-ZIP			
TITLE	VP	DI TORO, DOMINIC M.	<input type="checkbox"/> Delete	TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS		28 HILLSIDE AVENUE		STREET ADDRESS			
CITY-ST-ZIP		ENGLEWOOD NJ		CITY-ST-ZIP			

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: *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William M. Leo 9/10/02 (201)529-5151

CR2E034 (4/02)