2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003718

Entity Name: WATTS REGULATOR CO.

FILED Mar 22, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

815 CHESTNUT STREET NORTH ANDOVER, MA 01845

Current Mailing Address: New Mailing Address:

815 CHESTNUT STREET NORTH ANDOVER, MA 01845

FEI Number: 04-2108284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: COGHLAN, DAVID J PRES
Address: 815 CHESTNUT STREET
City-St-Zip: NORTH ANDOVER, MA 01845

Title: VPS

Name: LEPAGE, KENNETH R VPSEC Address: 815 CHESTNUT STREET City-St-Zip: NORTH ANDOVER, MA 01845

Title: TREA

Name: MACPHEE, TIMOTHY M TREAS
Address: 815 CHESTNUT STREET
City-St-Zip: NORTH ANDOVER, MA 01845

Title: VP

Name: ELLIOTT, ERNEST E VP
Address: 815 CHESTNUT STREET
City-St-Zip: NORTH ANDOVER, MA 01845

Title: CFO

Name: MCCARTNEY, WILLIAM C CFO Address: 815 CHESTNUT STREET City-St-Zip: NORTH ANDOVER, MA 01845

Title: VP

Name: MOSBY, CHRISTOPHER VP Address: 815 CHESTNUT STREET City-St-Zip: NORTH ANDOVER, MA 01845

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MANDELINE HENDRICKS POA 03/22/2011