

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003892

FILED
Apr 17, 2008
Secretary of State

Entity Name: WATERS TECHNOLOGIES CORPORATION

Current Principal Place of Business:

34 MAPLE STREET
MILFORD, MA 01757

New Principal Place of Business:

Current Mailing Address:

34 MAPLE STREET
MILFORD, MA 01757

New Mailing Address:

FEI Number: 04-3234558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONARD, EDWARD
Address: % BAIN CAPITAL, INC., 745 FIFTH AVE.
City-St-Zip: NEW YORK, NY 10151

Title: D () Delete
Name: BEKENSTEIN, JOSHUA
Address: % BAIN CAPITAL, INC., 111 HUNTINGTON AVE.
City-St-Zip: BOSTON, MA 02199

Title: P () Delete
Name: BERTHAUME, DOUGLAS A
Address: 34 MAPLE STREET
City-St-Zip: MILFORD, MA 01757

Title: VP () Delete
Name: ORNELL, JOHN
Address: 34 MAPLE STREET
City-St-Zip: MILFORD, MA 01757

Title: VP () Delete
Name: KAVANAH, JAMES S
Address: 34 MAPLE STREET
City-St-Zip: MILFORD, MA 01757

Title: D () Delete
Name: SALICE, THOMAS P
Address: SFW CAPITAL PARTNERS, LLC, 22 ELM PLACE
City-St-Zip: RYE, NY 10580

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES S. KAVANAH

VP

04/17/2008

Electronic Signature of Signing Officer or Director

Date