

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005752 (0)

1. Corporation Name

AQUA TERRA CONSULTANTS, INC.



Principal Place of Business

2675 BAYSHORE PKWY., #1001
MOUNTAIN VIEW CA 94043-1011

Mailing Address

2675 BAYSHORE PKWY., #1001
MOUNTAIN VIEW CA 94043-1011

2. Principal Place of Business

2a. Mailing Address

21 2672 BAYSHORE PKWY

26 2672 BAYSHORE PKWY

State, Apt., etc.

State, Apt., etc.

22 City & State

27 City & State

23 Zip

County

28 Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

3. Date Incorporated or Qualified

11/07/1994

3a. Date of Last Report

02/01/1995

4. FEE Number

94-2972392

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.03(2) and 607.13(1)(f), 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 of 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 obligations of, Section 607.03(2), Florida Statutes.

SIGNATURE

Signature of Agent (if Agent is not a corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. Name
2. Title
3. Street Address
4. City & State
5. Zip
6. Name
7. Title
8. Street Address
9. City & State
10. Zip
11. Name
12. Title
13. Street Address
14. City & State
15. Zip
16. Name
17. Title
18. Street Address
19. City & State
20. Zip
21. Name
22. Title
23. Street Address
24. City & State
25. Zip
26. Name
27. Title
28. Street Address
29. City & State
30. Zip

PD
DONIGIAN, ANTHONY S
2672 BAYSHORE PKWY., #1001
MOUNTAIN VIEW CA 94043
SD
DONIGIAN, NANCY A
2672 BAYSHORE PKWY., #1001
MOUNTAIN VIEW CA 94043
V
BICKNELL, BRIAN
2672 BAYSHORE PKWY., #1001
MOUNTAIN VIEW CA 94043
V
IMHOFF, JOHN
725 MAIN STREET
OURAY CO
V
SHANDONAY, MARY
2672 BAYSHORE PKWY., #1001
MOUNTAIN VIEW CA

☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE

1. Name
2. Title
3. Street Address
4. City & State
5. Zip
6. Name
7. Title
8. Street Address
9. City & State
10. Zip
11. Name
12. Title
13. Street Address
14. City & State
15. Zip
16. Name
17. Title
18. Street Address
19. City & State
20. Zip

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information contained on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 12 or Block 13 of this report, or in an addition report to an addressee.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY SHANDONAY VP ADMIN.

2/8/96

(415) 962-1864

CR2E034 (12/95)