

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90032 043 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005752

1. Corporation Name

AQUA TERRA CONSULTANTS, INC.

Principal Place of Business

2685 MARINE WAY
STE. 134 see correction below
MOUNTAIN VIEW CA 94043
US

Mailing Address

2685 MARINE WAY
STE. 134
MOUNTAIN VIEW CA 94043
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1994

4. FEI 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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.
1314

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.
1314

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

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

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DONIGIAN, ANTHONY S
STREET ADDRESS 2685 MARINE WAY, STE. 1214
CITY-ST-ZIP MOUNTAIN VIEW CA 94043

TITLE SD ☐ DELETE

NAME DONIGIAN, NANCY A
STREET ADDRESS 2685 MARINE WAY, STE. 1314
CITY-ST-ZIP MOUNTAIN VIEW CA 94043

TITLE V ☐ DELETE

NAME BICKNELL, BRIAN
STREET ADDRESS 2685 MARINE WAY, STE. 1314
CITY-ST-ZIP MOUNTAIN VIEW CA 94043

TITLE V ☐ DELETE

NAME IMHOFF, JOHN
STREET ADDRESS 735 MAIN ST
CITY-ST-ZIP OURAY CO 81427

TITLE V ☐ DELETE

NAME SHANDONAY, MARY
STREET ADDRESS 2685 MARINE WAY, STE. 1314
CITY-ST-ZIP MOUNTAIN VIEW CA 94043

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY SHANDONAY
JOHN IMHOFF
ADMINISTRATION

1/22/99 (650) 962-1864

Date

Daytime Phone #

CR2E034 (11/98)