

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # F94000005752

1. Entity Name
AQUA TERRA CONSULTANTS, INC.



Principal Place of Business
**2685 MARINE WAY
STE. 1314
MOUNTAIN VIEW, CA 94043 US**

Mailing Address
**2685 MARINE WAY
STE. 1314
MOUNTAIN VIEW, CA 94043 US**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-2972392

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DONIGIAN, ANTHONY S
STREET ADDRESS	2685 MARINE WAY, STE. 1214
CITY-ST-ZIP	MOUNTAIN VIEW, CA 94043
TITLE	SD
NAME	DONIGIAN, NANCY A
STREET ADDRESS	2685 MARINE WAY, STE. 1314
CITY-ST-ZIP	MOUNTAIN VIEW, CA 94043
TITLE	V
NAME	BICKNELL, BRIAN
STREET ADDRESS	2685 MARINE WAY, STE. 1314
CITY-ST-ZIP	MOUNTAIN VIEW, CA 94043
TITLE	V
NAME	IMHOFF, JOHN
STREET ADDRESS	735 MAIN ST
CITY-ST-ZIP	OURAY, CO 81427
TITLE	V
NAME	SHANDONAY, MARY
STREET ADDRESS	2685 MARINE WAY, STE 1314
CITY-ST-ZIP	MOUNTAIN VIEW, CA 94043
TITLE	SRVP
NAME	KITTLE, JOHN L
STREET ADDRESS	150 E PONCE DE LEON AVE STE 355
CITY-ST-ZIP	DECATUR, GA 30030

UD00000405067
02/07/06-80026-004 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARY SHANDONAY

VP OF ADMINISTRATION

1/24/06

(650) 962-1864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #