

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

**FILED**

**May 01 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # F95000001675 (6)**

1. Corporation Name  
**U.S. FILTER LATIN AMERICA, INC.**



Principal Place of Business: **1919 N.W. 19TH ST. 1809 ORANGE ST. FT. LAUDERDALE FL 33601 US**  
Mailing Address: **10 TECHNOLOGY DRIVE LOWELL MA 01851 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country  
2a. Mailing Address: **26** **40-004 COOK ST.** Suite, Apt. #, etc. **27** City & State **28** **Palm Desert, CA** Zip **29** **92211** Country **30** **Riverside**

3. Date Incorporated or Qualified: **04/06/1995**  
4. FEI Number: **65-0578725** 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PIQUE, GONZALEZ G	
STREET ADDRESS	40-004 COOK ST.	
CITY-ST-ZIP	PALM DESERT CA	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	GEORGINO, DAMIAN	
STREET ADDRESS	40-004 COOK ST.	
CITY-ST-ZIP	PALM DESERT CA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SPENCE, KEVIN L	
STREET ADDRESS	40-004 COOK ST.	
CITY-ST-ZIP	PALM DESERT CA	
TITLE	VPCT	<input type="checkbox"/> DELETE
NAME	DIERKER, JAMES W	
STREET ADDRESS	40-004 COOK ST.	
CITY-ST-ZIP	PALM DESERT CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DREWEK, KATHERINE M	
STREET ADDRESS	1901 S PRAIRIE AVE	
CITY-ST-ZIP	WAUKESHA WI	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	HUENNEKENS, DUANE	
STREET ADDRESS	40-004 COOK ST.	
CITY-ST-ZIP	PALM DESERT CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Asst Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Amy G. Gossin	
13 STREET ADDRESS	40-004 COOK ST.	
14 CITY-ST-ZIP	Palm Desert, CA 92211	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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.

SIGNATURE: *Amy G. Gossin* DATE: *11/2/98* *1111-521-*

CR2E034 (10/97)