

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90093 050 ***150.00

DOCUMENT # F95000001675

1. Corporation Name

U.S. FILTER LATIN AMERICA, INC.

Principal Place of Business

1919 N.W. 19TH ST.
1209 ORANGE ST.
FT. LAUDERDALE FL 33311
US

Mailing Address

40-004 COOK STREET
PALM DESERT CA 92211
US

DO NOT WRITE IN THIS SPACE

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1919 N.W. 19th St.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 FT Lauderdale, FL

City & State

28

Zip Country

24 33311 25

Zip Country

29

30

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

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 PIQUE, GONZALEZ G

STREET ADDRESS 40-004 COOK ST.

CITY-ST-ZIP PALM DESERT CA

TITLE VPS ☒ DELETE

NAME GEORGINO, DAMIAN

STREET ADDRESS 40-004 COOK ST.

CITY-ST-ZIP PALM DESERT CA

TITLE VPD ☐ DELETE

NAME SPENCE, KEVIN L

STREET ADDRESS 40-004 COOK ST.

CITY-ST-ZIP PALM DESERT CA

TITLE VPCT ☐ DELETE

NAME DIERKER, JAMES W

STREET ADDRESS 40-004 COOK ST.

CITY-ST-ZIP PALM DESERT CA

TITLE AS ☒ DELETE

NAME DREWEK, KATHERINE M

STREET ADDRESS 1901 S PRAIRIE AVE

CITY-ST-ZIP WAUKESHA WI

TITLE AT ☐ 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

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

4/5/99 414-521-8504

Date

Daytime Phone #

CR2E034 (1/1/98)