2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001697

Entity Name: U.S. FILTER/IONPURE, INC.

FILED Feb 03, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
10 TECHNO LOWELL, M						
Current Mailing Address:				New Mailing Address:		
			181 THORN HILL ROAD ATTN: LEGAL DEPT. WARRENDALE, PA 15086 US			
FEI Number: 04-3063901 FEI Number Applied For () FEI Numb		aber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US						
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.						
SIGNATURE:						
	Electronic	Signature of Registered Agent	t			Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR						
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	FIRSCHING, FRA 78-080 CALLE ES LA QUINTA, CA S	STADO, SUITE 201 92211 Delete RAH M ROAD		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	RADKE, ROGEF 181 THORN HIL WARRENDALE,	L RAOD PA 15086 Change () Addition DRAH M L ROAD
Title: Name: Address: City-St-Zip:	P () E GORDON, CHAR	Delete LES R W FOREST PARKWAY STE 200		Title: Name: Address: City-St-Zip:	VPD (X) GORDON, CHAF	Change ()Addition RLES R OW FOREST PARKWAY STE 200
Title: Name: Address: City-St-Zip:	VP () E SPYKER, DAVID 2155 112TH AVE HOLLAND, MI 48	NUE		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	STANCZAK, STE	STADO, SUITE 201		Title: Name: Address: City-St-Zip:	TD (X) DUNKERELY, C 181 THORN HIL WARRENDALE,	L ROAD
Title: Name: Address: City-St-Zip:	BUSHHORN, APP	STADO, SUITE 201		Title: Name: Address: City-St-Zip:	()	Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: APRIL K. BUSHHORN AS 02/03/2006