

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**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90021 050 \*\*\*150.00

DOCUMENT # F96000001540 ✓  
1. Corporation Name  
Culligan Operating Services, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7324 Commercial Cir.  
Suite, Apt. #, etc.

2a. Mailing Address

26 One Culligan Pkwy  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

3/26/96

4. FEI Number

36-4059229

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

City & State

Ft. Pierce, FL

Zip 34951 Country USA

City & State

28 Northbrook, IL

Zip 60062 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

CT Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Rd.

83

84 City

Plantation

FL

85 Zip Code

33324

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 D, VP, AS ☐ DELETE

NAME Scott B. Hamilton

STREET ADDRESS 55 Shuman Blvd.

CITY-ST-ZIP Naperville, IL 60563

TITLE D, P ☐ DELETE

NAME Michael Stark

STREET ADDRESS 15403 Vantage Pkwy

CITY-ST-ZIP Houston, TX 77032

TITLE D, VP ☐ DELETE

NAME Kevin L. Spence

STREET ADDRESS 40-004 Cook St.

CITY-ST-ZIP Palm Desert, CA 92211

TITLE VP, C, T ☐ DELETE

NAME W. Christopher Chisholm

STREET ADDRESS 15403 Vantage Pkwy

CITY-ST-ZIP Houston, TX 77032

TITLE S, VP ☐ DELETE

NAME Stephen P. Stanczak

STREET ADDRESS 40-004 Cook St.

CITY-ST-ZIP Palm Desert, CA 92211

TITLE AT ☐ DELETE

NAME Duane R. Huennkens

STREET ADDRESS 40-004 Cook St.

CITY-ST-ZIP Palm Desert, CA 92211

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

AS  
Amy G. Bossin  
40-004 COOK ST.  
Palm Desert, CA 92211

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  
Amy G. Bossin, Secretary

Date

4/23/99 414-521-8504

Daytime Phone #

CR2E034 (11/98)