

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001540

1. Entity Name

CULLIGAN OPERATING SERVICES, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90081 033 \*\*\*150.00

Principal Place of Business

Mailing Address

7324 COMMERCIAL CIR  
FT PIERCE FL 34951  
US

ONE CULLIGAN PKWY  
NORTHBROOK IL 60062-6209  
US

2. Principal Place of Business

3. Mailing Address

40-004 COOK ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Palm Desert, CA

4. FEI Number

36-4059229

Applied For

Not Applicable

Zip

Country

Zip

Country

92211

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	PERTZ, DOUGLAS A	
STREET ADDRESS	ONE CULLIGAN PARKWAY	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	SALVATI, MICHAEL A	
STREET ADDRESS	ONE CULLIGAN PARKWAY	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	CHRISTENSEN, EDWARD A	
STREET ADDRESS	ONE CULLIGAN PARKWAY	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KEMP, LESLIE W	
STREET ADDRESS	7324 COMMERCIAL CIR	
CITY-ST-ZIP	FT PIERCE FL 34951	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WHITE, WILLIAM F	
STREET ADDRESS	ONE CULLIGAN PARKWAY	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Stark	
STREET ADDRESS	5730 Garden Pt. Dr.	
CITY-ST-ZIP	Kingwood, TX 77345	
TITLE	Director, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin L. Spence	
STREET ADDRESS	40-004 COOK ST.	
CITY-ST-ZIP	Palm Desert, CA 92211	
TITLE	VP + Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen P. Stanczak	
STREET ADDRESS	40-004 COOK ST.	
CITY-ST-ZIP	Palm Desert, CA 92211	
TITLE	VP, C, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. Christopher Chisholm	
STREET ADDRESS	15403 Vantage Pkwy Ste. 320	
CITY-ST-ZIP	Houston, TX 77032	
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Duane R. Huennelens	
STREET ADDRESS	40-004 COOK ST.	
CITY-ST-ZIP	Palm Desert, CA 92211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 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  
William F. White, AT

Date: 3/15/2000 262-521-8504  
Daytime Phone #

CR2E034 (9/99)