2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000001540

Entity Name: CULLIGAN OPERATING SERVICES, INC.

FILED Apr 19, 2002 8:00 AM Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:			
	MERCIAL CIR E, FL 34951	US				
Current Mailing Address:			New Mailing Address:			
40-004 CO PALM DES	OKST ERT, CA 9221	1 US				
FEI Number:	36-4059229	FEI Number Applied For ()	FEI Number Not Appl	Dicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
1200 SOUT	ORATION SYST FH PINE ISLANI ON, FL 33324					
The above in the State		bmits this statement for the pu	rpose of changing i	its registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electronic	Signature of Registered Agen	t	Date		
		satisfy its Intangible Tax filing requi	rement and elects to o	do so (X).		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name:	DP () D STARK, MICHAEL	Delete L	Title: Name:	DP (X) Change () Addition STARK, MICHAEL		
Address: City-St-Zip:	5730 GARDEN PT HUMBLE, TX 773		Address: City-St-Zip:	14950 HEATHROW FOREST PARKWAY HOUSTON, TX 77032		
Title: Name:	DVP () D SPENCE, KEVIN	Delete L	Title: Name:	DVP (X) Change () Addition HAMILTON, SCOTT B		
Address: City-St-Zip:	40-004 COOK ST PALM DESERT, (Address: City-St-Zip:	55 SHULMAN BLVD NAPERVILLE, IL 60563		
Title: Name: Address: City-St-Zip:	VPS () C STANCZAK, STER 40-004 COOK ST PALM DESERT, C	•	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VPCT () C CHISHOLM, CHR 15403 VANTAGE HOUSTON, TX 7	PKWY STE 320	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	AT () D HUENNEKENS, S 40-004 COOK ST PALM DESERT, C	-	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 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 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: STEPHEN P. STANCZAK S 04/19/2002