

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 20, 1999 8:00 am
Secretary of State

04-20-1999 90087 043 ***150.00

DOCUMENT # F96000005076

1. Corporation Name

MACKE WATER SYSTEMS, INC.

Principal Place of Business

122 MESSNER DR
WHEELING IL 60090

Mailing Address

122 MESSNER DR
WHEELING IL 60090

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1996

4. FEI Number

36-3663786

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

21 441 Carpenter

Suite, Apt. #, etc.

22

23 Wheeling IL

24 60090 25 Cook

2a. Mailing Address

26 441 Carpenter

Suite, Apt. #, etc.

27

28 Wheeling IL

29 60090 30 Cook

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 DT
NAME SPAGAT, MATTHEW
STREET ADDRESS 122 MESSNER DR
CITY-ST-ZIP WHEELING IL 60090

☐ DELETE

TITLE DV
NAME SEIDEN, JEROME
STREET ADDRESS 122 MESSNER DR
CITY-ST-ZIP WHEELING IL 60090

☐ DELETE

TITLE P
NAME SEIDEN, PHILIP
STREET ADDRESS 122 MESSNER DR
CITY-ST-ZIP WHEELING IL 60090

☐ DELETE

TITLE S
NAME ERL, CHRISTINA
STREET ADDRESS 122 MESSNER DR
CITY-ST-ZIP WHEELING IL 60090

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 441 Carpenter

1.4 CITY-ST-ZIP Wheeling IL 60090

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 441 Carpenter

2.4 CITY-ST-ZIP Wheeling IL 60090

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 441 Carpenter

3.4 CITY-ST-ZIP Wheeling IL 60090

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 441 Carpenter

4.4 CITY-ST-ZIP Wheeling IL 60090

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 REQUIRED

4/15/99 847.459.1030

Date

Daytime Phone #

CR2E034 (11/98)