

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 29 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F96000006744 (4)
 1. Corporation Name
AMERICAN WATER HEATER COMPANY



| | |
|--|---|
| Principal Place of Business 500 PRINCETON ROAD JOHNSON CITY TN 37601 | Mailing Address 500 PRINCETON ROAD JOHNSON CITY TN 37801-2030 |
|--|---|

| | |
|--|-------------------------|
| 3. Date Incorporated or Qualified 12/23/1996 | 3a. Date of Last Report |
|--|-------------------------|

| | |
|--------------------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 100 Galleria Pkwy. |
| Suite, Apt #, etc. 22 | Suite, Apt #, etc. 27 Ste. 900 |
| City & State 23 | City & State 28 Atlanta, GA |
| Zip 24 | Country 25 |
| Country 25 | Zip 29 30339 |
| | Country 30 USA |

| | |
|--|--|
| 4. FEI Number 34-0299600 | Applied For <input type="checkbox"/> Not Applicable |
| 6. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 | PD | <input type="checkbox"/> DELETE |
| NAME | TRUDEAU, ROBERT W | |
| STREET ADDRESS | 500 PRINCETON ROAD | |
| CITY-ST-ZIP | JOHNSON CITY TN | |
| TITLE | VTD | <input type="checkbox"/> DELETE |
| NAME | CARBONE, ANTHONY R | |
| STREET ADDRESS | 500 PRINCETON ROAD | |
| CITY-ST-ZIP | JOHNSON CITY TN | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | HACKNEY, EDWARD T | |
| STREET ADDRESS | 100 GALLERIA PKWY, STE 900 | |
| CITY-ST-ZIP | ATLANTA GA | |
| TITLE | CD | <input type="checkbox"/> DELETE |
| NAME | HALL, GRAHAM H | |
| STREET ADDRESS | 13 RACHAEL CLOSE | |
| CITY-ST-ZIP | SILVERWATER AUSTRALIA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HAYES, GREG J | |
| STREET ADDRESS | 100 GALLERIA PKWY, STE 900 | |
| CITY-ST-ZIP | ATLANTA GA | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED SECRETARY **04/16/97** **(770) 857-8700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011406

CR2E034 (9/96)