

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006744

1. Entity Name
AMERICAN WATER HEATER COMPANY

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90150 030 ***550.00

Principal Place of Business
**500 PRINCETON ROAD
JOHNSON CITY TN 37601**

Mailing Address
**100 GALLERIA PKWY
STE 900
ATLANTA GA 30339
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

4. FEI Number **34-0299600**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUDEAU, ROBERT W 500 PRINCETON ROAD JOHNSON CITY TN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CARBONE, ANTHONY R 500 PRINCETON ROAD JOHNSON CITY TN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV HACKNEY, EDWARD T 100 GALLERIA PKWY, STE 900 ATLANTA GA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HALL, GRAHAM H 13 RACHAEL CLOSE SILVERWATER AUSTRALIA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MAW, BERNICE 100 GALLERIA PKWY, SUITE 900 ATLANTA GA 33039 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURCOMBE, PETER D 100 GALLERIA PKWY, SUITE 900 ATLANTA GA <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Scott-R. Phillips 100 Galleria Pkwy, STE 900 Atlanta, GA 30339 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Robert Aitken 13 Rachel Close Silverwater, Australia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Charles Vaughn 100 Galleria Pkwy, STE 900 Atlanta, GA 30339 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: CHARLES VAUGHN *Charles Vaughn Asst Secy* Date 7/12/00 (770) 857-8700

Attachment
D\F9600006744
07/19/01

STATE OF FLORIDA
Corporation Annual Report & Certificate of Disclosure
AMERICAN WATER HEATER COMPANY - (DOCUMENT #: F-96000006744)
JULY, 2000

7. OFFICERS (This is the COMPLETE listing.)

1. NAME: **Robert W. Trudeau** TITLE: **President**
ADDRESS: **500 Princeton Road**
CITY: **Johnson City** STATE: **TN** ZIP: **37601**
2. NAME: **Anthony Carbone** TITLE: **Sr. VP, CFO, Treasurer**
ADDRESS: **500 Princeton Road**
CITY: **Johnson City** STATE: **TN** ZIP: **37601**
3. NAME: **Peter D. Hurcombe** TITLE: **Director**
ADDRESS: **100 Galleria PKWY, STE 900**
CITY: **Atlanta** STATE: **GA** ZIP: **30339**
4. NAME: **Scott R. Phillips** TITLE: **Secretary**
ADDRESS: **100 Galleria PKWY, STE 900**
CITY: **Atlanta** STATE: **GA** ZIP: **30339**
5. NAME: **Charles Vaughn** TITLE: **Assistant Secretary**
ADDRESS: **100 Galleria PKWY, STE 900**
CITY: **Atlanta** STATE: **GA** ZIP: **30339**

8. DIRECTORS (This is the COMPLETE listing.)

1. NAME: **Robert W. Trudeau**
ADDRESS: **500 Princeton Road**
CITY: **Johnson City** STATE: **TN** ZIP: **37601**
2. NAME: **Robert M. Aitken**
ADDRESS: **13 Rachael Close**
CITY: **Silverwater** STATE: **NSW** ZIP: **2128 Australia**
3. NAME: **Anthony Carbone**
ADDRESS: **500 Princeton Road**
CITY: **Johnson City** STATE: **TN** ZIP: **37601**
4. NAME: **Peter D. Hurcombe**
ADDRESS: **100 Galleria PKWY, STE 900**
CITY: **Atlanta** STATE: **GA** ZIP: **30339**