

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90473 017 ***150.00

DOCUMENT # F96000006744

1. Entity Name
AMERICAN WATER HEATER COMPANY

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

American Water Heater Co.
 Suite, Apt. #, etc.

3. Mailing Address

500 Princeton Rd
 Suite, Apt. #, etc.

City & State

Johnson City, TN

4. FEI Number **34-0299600**

Applied For
 Not Applicable

Zip

Country

Zip

Country

37601

USA

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 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 BLANKENSHIP, SHEILA 500 PRINCETON ROAD JOHNSON CITY TN 37601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV PHILLIPS, SCOTT E 100 GALLERIA PKWY ATLANTA GA 30339	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD AITKEN, ROBERT 1 ALAN STREET RYDELMERE AU NSW -2116	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VAUGHN, CHARLES 100 GALLERIA PKWY ATLANTA GA 33039	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRESKI, JOSEPH 100 GALLERIA PKWY ATLANTA GA 30339	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Trudeau, Robert W. 500 Princeton Rd. Johnson City, TN 37601	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Blankenship, Sheila 500 Princeton Rd. Johnson City, TN 37601	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Phillips, Scott E. 100 Galleria Pkwy, Ste 900 Atlanta, GA 30339	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peter R. Martineau 2020 Winston Park Drive Oakville, Ontario, Canada, L6H 6X7	<input type="checkbox"/> Change <input checked="" 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		<input checked="" 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: Joseph Andreski **JOSEPH ANDRESKI** **REQUIRE SIGNATURE** **PHILLIPS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **5/29/02** Daytime Phone #: **770 857 8763**

CR2E034 (9/01)