

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90041 050 \*\*\*150.00

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03262007 Chg-P CR2E034 (12/06)

DOCUMENT # F96000006744			
1. Entity Name AMERICAN WATER HEATER COMPANY			
Principal Place of Business 500 PRINCETON ROAD JOHNSON CITY, TN 37601		Mailing Address 500 PRINCETON ROAD JOHNSON CITY, TN 37601 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Po Box 245001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Milwaukee, WI	
Zip	Country	Zip	Country
		53224-9501	
4. FEI Number 34-0299600		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2007 Fee will be \$550.00</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. 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	Asst Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Kita 11270 W Park Place Milwaukee, WI 53224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHILLIPS, SCOTT R <input checked="" type="checkbox"/> Delete 100 GALLERIA PKWY ATLANTA, GA 30339	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Patricia Ackerman 11270 W Park Place Milwaukee, WI 53224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MARTINEAU, PETER R <input type="checkbox"/> Delete 1100 EAST FAIRVIEW AVENUE JOHNSON CITY, TN 37601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Kenneth Maciolek 11270 W Park Place Milwaukee, WI 53224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>John Kita</u>		Date: <u>4/5/2007</u> Daytime Phone #: <u>414-359-4105</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			