

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90026 023 \*\*\*558.75

0115646

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000000105**

1. Corporation Name

**COMMONWEALTH H2O CORPORATION**

Principal Place of Business

**TWO OLIVER ST  
BOSTON MA 02109  
US**

Mailing Address

**TWO OLIVER ST  
BOSTON MA 02109  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/07/1997**

4. FEI Number

**04-3274414**

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. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>SEIGEL, FRED A</b>	
STREET ADDRESS	<b>TWO OLIVER ST.</b>	
CITY-ST-ZIP	<b>BOSTON MA 02109</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>PHILLIPS, MICHAEL R</b>	
STREET ADDRESS	<b>TWO OLIVER ST.</b>	
CITY-ST-ZIP	<b>BOSTON MA 02109</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SIDMAN, EDWIN N</b>	
STREET ADDRESS	<b>50 ROWES WHARF</b>	
CITY-ST-ZIP	<b>BOSTON MA 02110</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>LASDEN, DEVRA</b>	
STREET ADDRESS	<b>50 ROWES WHARF</b>	
CITY-ST-ZIP	<b>BOSTON MA 02110</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Sidman, Edwin N</b>	
1.3 STREET ADDRESS	<b>Two Oliver St</b>	
1.4 CITY-ST-ZIP	<b>Boston Ma 02109</b>	
2.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Phillips, Michael R</b>	
2.3 STREET ADDRESS	<b>Two Oliver St</b>	
2.4 CITY-ST-ZIP	<b>Boston Ma 02109</b>	
3.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Scaramelli, Alfred B</b>	
3.3 STREET ADDRESS	<b>Two Oliver St</b>	
3.4 CITY-ST-ZIP	<b>Boston Ma 02109</b>	
4.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Muratore, Thomas</b>	
4.3 STREET ADDRESS	<b>Two Oliver Street</b>	
4.4 CITY-ST-ZIP	<b>Boston Ma 02109</b>	
5.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Lasden Devra</b>	
5.3 STREET ADDRESS	<b>Two Oliver Street</b>	
5.4 CITY-ST-ZIP	<b>Boston Ma 02109</b>	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

7-9-99 (617) 574-1100