


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000000105 1. Entity Name COMMONWEALTH H2O CORPORATION	
---	---

Principal Place of Business 150 FEDERAL ST. BOSTON, MA 02110 US	Mailing Address 150 FEDERAL ST. 5TH FLOOR BOSTON, MA 02110 US
---	---



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3274414	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

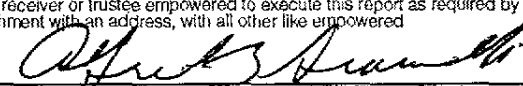
DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000119244 04/19/04-80092-017 158.75
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SIDMAN, EDWIN N 150 FEDERAL STREET BOSTON, MA 02110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONOVAN, TIMOTHY M 150 FEDERAL STREET BOSTON, MA 02110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCARAMELLI, ALFRED B 150 FEDERAL STREET BOSTON, MA 02110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MURATORE, THOMAS 150 FEDERAL STREET BOSTON, MA 02110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LASDEN, DEVRA 150 FEDERAL STREET BOSTON, MA 02110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/12/04 <small>Date</small>	Daytime Phone # _____ <small>Daytime Phone #</small>