2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000373

Entity Name: U.S. FILTER WASTEWATER GROUP, INC.

FILED Jan 16, 2004 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
181 THOR WARRENI	N HILL RD DALE, PA 150	86			
Current M	ailing Addres	s:	New Mailing Addr	New Mailing Address:	
181 THOR ATTN: TAX WARRENI		86			
FEI Number:	95-4328532	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	s of New Registered Agent:	
1200 SOUT	ORATION SYS TH PINE ISLAN ON, FL 33324	ND ROAD			
The above in the State		submits this statement for the pu	rpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Agen	t	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () FRANK FIRSCH 40-004 COOK S PALM DESERT	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () STANCZAK, ST 40-004 COOK S PALM DESERT	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS () APRIL BUSHHO 40-004 COOK S PALM DESERT	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPCT () JAMES W DIER 40-004 COOK S PALM DESERT	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () THOMSON, MA 40-004 COOK S PALM DESERT	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () NEWELL, DEBO 181 THORN HIL WARRENDALE	L RD	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: APRIL BUSHHORN AS 01/16/2004