


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 ✓

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90090 007 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F97000002272
 1. Corporation Name
U.S. FILTER/ZIMPRO, INC.

| | |
|---|---|
| Principal Place of Business 301 W. MILITARY RD. ROTHSCHILD WI 54474 | Mailing Address 40-004 COOK STREET PALM DESERT CA 92211 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Country 29 | Country 30 |

| | | |
|---|---|--|
| 3. Date Incorporated or Qualified 04/29/1997 | | |
| 4. FEI Number 39-1677680 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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 | 85 Zip Code |

FL

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GERALD E ROGERS | 1.2 NAME | |
| STREET ADDRESS | 301 W. MILITARY RD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROTHSCHILD WI 54474 | 1.4 CITY-ST-ZIP | |
| TITLE | DVST <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAMIAN C GEORGINO | 2.2 NAME | D.V.P.S |
| STREET ADDRESS | 40-004 COOK STREET | 2.3 STREET ADDRESS | Stephen P. Stanczak |
| CITY-ST-ZIP | PALM DESERT CA 92211 | 2.4 CITY-ST-ZIP | 40-004 Cook St. |
| TITLE | DVP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDREW D SEIDEL | 3.2 NAME | |
| STREET ADDRESS | 40-004 COOK STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM DESERT CA 92211 | 3.4 CITY-ST-ZIP | |
| TITLE | DVP <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KEVIN L SPENCE | 4.2 NAME | |
| STREET ADDRESS | 40-004 COOK STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM DESERT CA 92211 | 4.4 CITY-ST-ZIP | |
| TITLE | VPT <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JAMES W DIERKER | 5.2 NAME | |
| STREET ADDRESS | 40-004 COOK STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM DESERT CA 92211 | 5.4 CITY-ST-ZIP | |
| TITLE | AS <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AMY G GOSSIN | 6.2 NAME | |
| STREET ADDRESS | 40-004 COOK STREET | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM DESERT CA 92211 | 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 as an attachment with an address, with all other like empowered.

SIGNATURE: *Amy Gossin* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/5/99** Daytime Phone #: **414-521-8504**

CR2E034 (1/198)