

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 27 1998 8:00am  
Secretary of State

DOCUMENT # F97000003510  
1. Corporation Name  
U.S. Filter Consumer Products, Inc.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 7/7/97  
3a. Date of Last Report

21. Principal Place of Business 225 2ND ST. S.E. Suite, Apt. #, etc. Suite 500 City & State Cedar Zip Country	24. Mailing Address 40-004 COOK ST. Suite, Apt. #, etc. City & State Palm Desert, CA Zip 92211 Country Riverside	4. FEI Number 33-0747756 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State Cedar	28. City & State Palm Desert, CA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
CT Corporation System  
1200 South Pine Island Rd.  
Plantation, FL 33324

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 FL	B6 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D, P NAME Randall C. Easton STREET ADDRESS 225 2ND ST. SE, Ste 500 CITY, ST, ZIP Cedar Rapids, IA 52401	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D, VP, S NAME DAMIAN C. GEORGINO STREET ADDRESS 40-004 COOK ST. CITY, ST, ZIP Palm Desert, CA 92211	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D, VP, CFO NAME KEVIN L. SPENCE STREET ADDRESS 40-004 COOK ST. CITY, ST, ZIP Palm Desert, CA 92211	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AS NAME Amy G. Gossin STREET ADDRESS 40-004 COOK ST. CITY, ST, ZIP Palm Desert, CA 92211	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP, T NAME James W. Dierker STREET ADDRESS 40-004 COOK ST. CITY, ST, ZIP Palm Desert, CA 92211	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.073(1)(k), 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 507, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Amy Gossin 4/20/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Amy G. Gossin, Asst. Secretary  
414-521-8504

CH2E004 (12/95)