

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90094 016 ***150.00

DOCUMENT # F97000003510

1. Corporation Name

U.S. FILTER CONSUMER PRODUCTS, INC.

Principal Place of Business
225 2ND STREET SUITE 500
CEDAR RAPIDS IA 52401

Mailing Address
40-004 COOK STREET
PALM DESERT CA 92211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1997

4. FEI Number

33-0747756

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1 Culligan Pkwy

Suite, Apt. #, etc.

22

City & State

23 Northbrook, IL

Zip

24 60062

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

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 DP
NAME RANDALL C EASTON
STREET ADDRESS 225 2ND STREET SUITE 500
CITY-ST-ZIP CEDAR RAPIDS IA 52401

☒ DELETE

TITLE DVPS
NAME DAMIAN C GEOGINO
STREET ADDRESS 40-004 COOK STREET
CITY-ST-ZIP PALM DESERT CA 92211

☒ DELETE

TITLE DVCF
NAME KEVIN L SPENCE
STREET ADDRESS 40-004 COOK STREET
CITY-ST-ZIP PALM DESERT CA 92211

☐ DELETE

TITLE AS
NAME AMY G GOSSIN
STREET ADDRESS 40-004 COOK STREET
CITY-ST-ZIP PALM DESERT CA 92211

☐ DELETE

TITLE VPT
NAME JAMES W DIERKER
STREET ADDRESS 225 2ND STREET SUITE 500
CITY-ST-ZIP CEDAR RAPIDS IA 52401

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Calvin R. Hendrix
1.3 STREET ADDRESS 1 Culligan Pkwy
1.4 CITY-ST-ZIP NORTHBROOK, IL 60062

Change ☒ Addition

2.1 TITLE VP, D, S
2.2 NAME Michael E. Hulme, Jr.
2.3 STREET ADDRESS 1 Culligan Pkwy
2.4 CITY-ST-ZIP Northbrook, IL 60062

☐ Change ☒ Addition

3.1 TITLE VP
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE VP, C
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

6.1 TITLE D, VP, T
6.2 NAME Ross Campbell
6.3 STREET ADDRESS 1 Culligan Pkwy
6.4 CITY-ST-ZIP Northbrook, IL 60062

☐ Change ☒ Addition

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, with all other like empowered.

SIGNATURE:

AMY G GOSSIN

4/5/99

414-521-8504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0554721