

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000004771 (8)

1. Corporation Name  
U.S. FILTER/USW, INC.

Principal Place of Business  
40004 COOK ST.  
PALM DESERT CA 92211

Mailing Address  
40004 COOK ST.  
PALM DESERT CA 92211



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/12/1997	
21		26		4. FEI Number 33-0734868	
Suite, Apt #, etc.		Suite, Apt #, etc.		Applied For <input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	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
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	P	<input type="checkbox"/> DELETE
NAME	EASTON, RANDALL C	
STREET ADDRESS	225 2ND STREET SE SUITE 500	
CITY-ST-ZIP	CEDAR RAPIDS IA 52401	
TITLE	VCT	<input type="checkbox"/> DELETE
NAME	DIERKER, JAMES W	
STREET ADDRESS	40004 COOK STREET	
CITY-ST-ZIP	PALM DESERT CA 92211	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	HULME, MICHAEL E JR	
STREET ADDRESS	40004 COOK STREET	
CITY-ST-ZIP	PALM DESERT CA 92211	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	SPENCE, KEVIN L	
STREET ADDRESS	40004 COOK STREET	
CITY-ST-ZIP	PALM DESERT CA 92211	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SWARTLEY, JOHN S	
STREET ADDRESS	40004 COOK STREET	
CITY-ST-ZIP	PALM DESERT CA 92211	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GEORGINO, DAMIAN C	
STREET ADDRESS	40-004 COOK STREET	
CITY-ST-ZIP	PALM DESERT CA 92211	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Amy G. Gossin	
13 STREET ADDRESS	40-004 COOK ST.	
14 CITY-ST-ZIP	Palm Desert, CA 92211	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	VID, CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SPENCE, KEVIN L.	
43 STREET ADDRESS	40-004 COOK ST.	
44 CITY-ST-ZIP	Palm Desert, CA 92211	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 on an attachment with an address.

SIGNATURE:

Amy Gossin

Amy G. Gossin 4/17/98

414-521-8504

CR2E034 (10/97)