PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000004771 1. Corporation Name

U.S. FILTER/USW, INC.

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90094 018 ***150.00



Principal Place	e at Business	Mailing Address			•			
40-004 COOK S	ST.	40-004 COOK ST.						
PALM DESERT CA 92211 PALM DESERT CA 92211					DO NOT WRITE IN THIS	CDACE		
						SFAUE		
					3. Date incorporated or Qualifed	="	ļ	
					ير 09/12/1997	 		
_ ^ .	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For	
21 One Culliban PKWy 26					33-0734868		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional equired	
22		27			<u> </u>		<u> </u>	
City & State City & State					6. Election Campaign Financing		May Be	
23 Northbrook, IL 28					Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Inte	<u> </u>		
24 (1006		29 30	L		Personal Property Tax.	∐ Yes	□No	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	Agent		
CT	CODDODATION SYSTEM		101	Ivallie				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)				
			<u> </u>					
PLAI	NTATION FL 33324.		83					
		•	84	City		85 Zip (Code	
				-	<u>FL</u>			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	-named cor	rporation submits this statement for the purpose of	changing its	registered	
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was authons of, Section 607,0505, Florida	orized by Statutes	tne corpora	tion's board of directors. I hereby accept the appoir	unent as re	gistered	
ŭ								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re-	gistered Ager	t signature requi	red when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN		ORS IN 12	
TIFLE	P	TO DELETE	1.1 TITLE		President Director Alvin K. Hendrix	Change	Addition	
NAME	EASTON, RANDALL C	, i	1.2 NAME	10	blain k. Heronik			
STREET ADDRESS		l .	1.3 STREET	ADORESS C	one CulliGAN PKWY		İ	
CITY-ST-ZIP	CEDAR RAPIDS IA 52401		1,4 C/TY-S	r-ZIP /	Josephorook IL 60067	1.5		
TITLE	VCT	€ DELETE	2.1 TITLE	J. J.	Unitabrook, IL 60062	Change	ddition	
NAME	DIERKER, JAMES W		2.2 NAME	'	. , . –	•		
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP	1		2. 4 CITY-S	T-ZIP				
TITLE	VAS	☐ DELETE	0.4.777.5	T), VP. 5 =	Change	☐ Addition	
NAME	HULME, MICHAEL E JR		3.2 NAME	n	Aichael E. Hulme, Jr. One Culliban Planay	, .		
STREET ADDRESS			3.3.STREET	ADDRESS O	no CulliGAN PICWAY			
			3.4. CITY-S	T 710	Jorth brook, IL 60062		ļ	
CITY-ST-ZIP	PALM DESERT CA 92211	☐ DELETE	4.1 TITLE	1-24	IP	Change	Addition	
TITLE	VCFO		4.2 NAME	'	<i>(</i> 1)	M.	_	
NAME	SPENCE, KEVIN L		4.2 NAME	ADDRESS			ĺ	
STREET ADDRESS	40004 COOK STREET		Ī					
CITY-ST-ZIP	PALM DESERT CA 92211	N DELETE	4.4 CITY-S	1-ZIP		Change	Addition	
TITLE	VD OWART EV JOHN C	Notice	5.1 TITLE 5.2 NAME	Ā	15 10-00 + COOK St.		A	
NAME	SWARTLEY, JOHN S	·	•	ADDRESS L	10-004 CARK St.			
STREET ADDRESS	40004 COOK STREET		5.4 CITY-S	700 100	Palm Oesert, CA 92	- 11		
CITY-ST-ZIP	PALM DESERT CA 92211	- Delete		1.71	THE THESE TI CH YOU	☐ Change	Addition	
TITLE	SD	DELETE	6.1 TITLE	۱ř	DIVP, T	Change	ACAGGGGG	
NAME	GEORGINO, DAMIAN C		6.2 NAME]K	loss M. Campbell one Culliban Parkway		Ì	
STREET ADDRESS	40-004 COOK STREET		6.3 STREE	ADDRESS (C)	ne culliban Parkway		ļ	
	PALM DESERT CA 82211		6.4 CITY-S		Dorthbrook, IL 60063		1	

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: