

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006937

1. Entity Name

WATERWORKS/PDS ASSOCIATES, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90040 013 ***150.00

Principal Place of Business	Mailing Address
191 NE 40TH ST STE 101 MIAMI FL 33137 US	29 PARK AVENUE DANBURY CT 06810-6413

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	60 BACKUS AVE

City & State	City & State
	DANBURY CT
Zip	Country
06810	



DO NOT WRITE IN THIS SPACE

4. FEI Number	06-0892677	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI FL 33156		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALICK, A P	NAME	
STREET ADDRESS	203 GREENS FARMS RD	STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT 06880	CITY-ST-ZIP	
TITLE	EVSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALICK, BARBARA G	NAME	KOZHANZA
STREET ADDRESS	169 KOZHANZA ST	STREET ADDRESS	
CITY-ST-ZIP	DANBURY CT 06810	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LERNER, MICHAEL	NAME	
STREET ADDRESS	29 PARK AVENUE	STREET ADDRESS	
CITY-ST-ZIP	DANBURY CT 06810	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMANARA, CYNTHIA M	NAME	
STREET ADDRESS	931 IVES FORM RD	STREET ADDRESS	
CITY-ST-ZIP	BREWSTER NY 10509	CITY-ST-ZIP	
TITLE	DAF <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DIRECTOR
STREET ADDRESS		STREET ADDRESS	BARRY ROSENSTEIN
CITY-ST-ZIP		CITY-ST-ZIP	536 PACIFIC AVE
			SAN FRANCISCO CA 94133
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DIRECTOR
STREET ADDRESS		STREET ADDRESS	CHRIS CLIFFORD
CITY-ST-ZIP		CITY-ST-ZIP	ONE BOSTON PLACE
			BOSTON MA 02108-4401

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA MCMANARA 4/19/00 203 546 600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)