2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 19, 2001 08:00 AM F97000006937 DOCUMENT # 1. Entity Name **Secretary of State** WATERWORKS/PDS ASSOCIATES, INC. Principal Place of Business Mailing Address 191 NE 40TH ST 60 BACKUS AVE STE 101 MIAMI FL DANBURY CT 33137 06810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 06-0892677 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 508 MIAMI FL331560000 US 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. 04/19/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE X Addition ☐ Change MAME NAME MORRISON ROBERT STREET ADDRESS STREET ADDRESS 13 BROWN HOUSE RD CITY-ST-ZIP CITY-ST-ZIP OLD GREENWICH 06870 ☐ Delete TITLE ☐ Change NAME CLIFFORD CHRIS NAME STREET ADDRESS ONE BOSTON PLACE STREET ADDRESS CITY-ST-ZIP BOSTON MA 021084401 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition ROSENSTEIN BARRY NAME STREET ADDRESS 536 PACIFIC AVE STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 94133 CITY-ST-ZIP ☐ Delete TITLE V/T**X** Change ☐ Addition CYNTHIA M MCNAMARA NAME MCNAMARA CYNTHIA STREET ADDRESS 931 IVES FORM RD STREET ADDRESS 931 IVES FORM RD CITY-ST-ZIP BREWSTER NY 10509 CITY-ST-ZIP BREWSTER NY 10509 TITLE EVSD Delete TITLE V/S X Change ☐ Addition SALLICK BARBARA NAME SALLICK BARBARA STREET ADDRESS 169 KOHANZA ST STREET ADDRESS 169 KOHANZA ST CITY-ST-ZIP DANBURY 06810 CITY-ST-ZIP DANBURY CT06810 ☐ Delete TITLE Change ☐ Addition NAME SALLICK STREET ADDRESS 203 GREENS FARMS RD STREET ADDRESS CITY-ST-ZIP WESTPORT CITY-ST-ZIP 06880 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.

04/19/2001

Daytime Phone #

Date

SIGNATURE: _ CYNTHIA M MCNAMARA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR