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Secretary of State

03-04-1999 90032 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000003211					
1. Corporation Name NATIONAL WATER SERVICES, INC.					
Principal Place of Business 1524 PRINCETON AVENUE MODESTO CA 95350			Mailing Address 1524 PRINCETON AVENUE MODESTO CA 95350		



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/08/1998	
4. FEI Number 050464470	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	85. Zip Code
FL	

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCFO	1.1 TITLE	Director
NAME	PROCHOT, JOSEPH B	1.2 NAME	Joseph Disanto
STREET ADDRESS	1524 PRINCETON AVENUE	1.3 STREET ADDRESS	1524 Princeton Avenue
CITY-ST-ZIP	MODESTO CA 95350	1.4 CITY-ST-ZIP	Modesto, CA 95350
TITLE	COBO	2.1 TITLE	
NAME	DISANTO, DENNIS E	2.2 NAME	
STREET ADDRESS	1524 PRINCETON AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MODESTO CA 95350	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	JOHNSON, JAMES A	3.2 NAME	
STREET ADDRESS	1524 PRINCETON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MODESTO CA 95350	3.4 CITY-ST-ZIP	
TITLE	ASD	4.1 TITLE	
NAME	DISANTO, EILEEN	4.2 NAME	
STREET ADDRESS	1524 PRINCETON AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MODESTO CA 95350	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	DIXON, PETER	5.2 NAME	
STREET ADDRESS	1524 PRINCETON AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MODESTO CA 95350	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2.1.99 209.491.7888

CR2E034 (11/98)