

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 22, 2000 8:00 am
Secretary of State

03-31-2000 90081 032 ***150.00

DOCUMENT # F99000000977

1. Entity Name

CULLIGAN SALES COMPANY

Principal Place of Business

ONE CULLIGAN PARKWAY
 NORTHBROOK IL 60062

Mailing Address

ONE CULLIGAN PARKWAY
 NORTHBROOK IL 60062-6209

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4110287

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(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.
 (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.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VAT	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, ROSS	
STREET ADDRESS	ONE CULLIGAN PKWY	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HENDRIX, CALVIN	
STREET ADDRESS	ONE CULLIGAN PKWY	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HULME JR, MICHAEL E	
STREET ADDRESS	ONE CULLIGAN PKWY	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	DIERKER, JAMES W	
STREET ADDRESS	ONE CULLIGAN PKWY	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	GEORGINO, DAMIAN C	
STREET ADDRESS	40004 COOK ST.	
CITY-ST-ZIP	PALM DESSERT CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPENCE, KEVIN	
STREET ADDRESS	40004 COOK ST	
CITY-ST-ZIP	PALM DESSERT CA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael J. Reardon	
STREET ADDRESS	40-004 Cook St.	
CITY-ST-ZIP	Palm Desert, CA 92211	
TITLE	VP, Treasurer, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph F. Morrison	
STREET ADDRESS	One Culligan Parkway	
CITY-ST-ZIP	Northbrook, IL 60062	
TITLE	Director, Vice Pres, Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael E. Hulme, Jr.	
STREET ADDRESS	One Culligan Pkwy	
CITY-ST-ZIP	Northbrook, IL 60062	
TITLE	ASSISTANT TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William White	
STREET ADDRESS	One Culligan Pkwy	
CITY-ST-ZIP	Northbrook, IL 60062	
TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen P. Stanczak	
STREET ADDRESS	40-004 Cook St.	
CITY-ST-ZIP	Palm Desert, CA 92211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

William White, AT, 3/15/2000 262-521-8504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)