


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90170 030 \*\*\*150.00

<b>DOCUMENT # F99000000977</b> 1. Entity Name <b>CULLIGAN SALES COMPANY</b>						
Principal Place of Business <b>ONE CULLIGAN PARKWAY NORTHBROOK, IL 60062</b>			Mailing Address <b>ONE CULLIGAN PARKWAY ATTN: AMY MCLEAN NORTHBROOK, IL 60062 US</b>			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>KACHMER, MICHAEL J</b> <b>ONE CULLIGAN PKWY</b> <b>NORTHBROOK, IL 60062</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>Kachmer, Michael J.</b> <b>One Culligan Parkway</b> <b>Northbrook, IL 60062</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>MORRISON, JOSEPH F</b> <b>ONE CULLIGAN PKWY</b> <b>NORTHBROOK, IL 60062</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS <b>HULME JR, MICHAEL E</b> <b>40-004 COOK STREET</b> <b>PALM DESERT, CA 92211</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <b>Seals, mark A.</b> <b>One Culligan Parkway</b> <b>Northbrook, IL 60062</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <b>MCLEAN, AMY C</b> <b>ONE CULLIGAN PKWY</b> <b>NORTHBROOK, IL 60062</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS <b>STANCZAK, STEPHEN P</b> <b>40-004 COOK ST.</b> <b>PALM DESERT, CA 92211</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>Kawalsky, Jeffrey T.</b> <b>One Culligan Parkway</b> <b>Northbrook, IL 60062</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS <b>BENNETT, SUSAN E</b> <b>ONE CULLIGAN PARKWAY</b> <b>NORTHBROOK, IL 60062</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV/S <b>Bennett, Susan E.</b> <b>One Culligan Parkway</b> <b>Northbrook, IL 60062</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
<b>SIGNATURE:</b> <u>Amy C. McLean</u> <u>Amy C. McLean</u> <u>4-19-05</u> <u>847-205-6115</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						