2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **J12934** Mar 31, 2000 8:00 am 1. Entity Name **Secretary of State** FLORIDA BOTTLED WATER COMPANY 03-31-2000 90073 044 ***150.00 Principal Place of Business Mailing Address ONE CULLIGAN PARKWAY 1920 SW 37 AVE. OCALA FL 34474 NORTHBROOK IL 60062-6209 HS Mailing Address 2. Principal Place of Business 10-004 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State 59-2702552 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code Fi 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ĎVΤ TITLE TITLE michael J. Rea 40-004 Cook St. CAMPBELL, ROSS M NAME NAME STREET ADDRESS ONE CULLIGAN PARKWAY STREET ADDRESS Desert, CA 92211 CITY-ST-ZIP CITY-ST-ZIP NORTHBROOK IL 60062 Director, UP, Treasurer TITLE TITLE HENDRIX, CALVIN NAME Joseph F. Morrison NAME STREET ADDRESS + One CulliGAN PKWY ONE CULLIGAN PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTHBROOK IL 60062 Northbrook, IL 60062 TITLE ☐ Addition ☐ Delete TITLE HULME, MICHAEL E JR NAME NAME ONE CULLIGAN PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTHBROOK IL 60062 ☐ Delete TITLE Change Addition TITLE SPENCE, KEVIN L NAME NAME STREET ADDRESS STREET ADDRESS 40-004 COOK ST CITY-ST-ZIP CITY-ST-ZIP PALM DESERT CA 92211 AS TITLE ☐ Change ☐ Addition TITLE GOSSIN, AMY G NAME NAME STREET ADDRESS STREET ADDRESS 40-004 COOK ST CITY-ST-ZIP CITY-ST-7IP PALM DESERT CA 92211 AT TITI E Change Addition De ete TITLE WHITE, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS ONE CULLIGAN PARKWAY

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.

CITY-ST-ZIP

SIGNATURE:

NORTHBROOK IL 60062

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST. Treasurer 3/15/2000 242-521-850

Daytime Phone