


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90112 035 ****50.00

DOCUMENT # M04000005558 1. Entity Name VEOLIA WATER NORTH AMERICA OPERATING SERVICES, LLC	
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Principal Place of Business 14950 HEATHROW FOREST PARKWAY, SUITE 200 HOUSTON, TX 77032	Mailing Address 14950 HEATHROW FOREST PARKWAY, SUITE 200 HOUSTON, TX 77032
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DO NOT WRITE IN THIS SPACE



04172005No Chg-LLC CR2E083 (10/03)

4. FEI Number 93-0929498	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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.

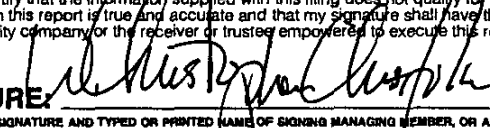
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHISHOLM, W. CHRISTOPHER 14950 HEATHROW FOREST PARKWAY, SUITE 200 HOUSTON, TX 77032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARKE, BRIAN J 1007 CHURCH STREET, SUITE 312 EVANSTON, IL 60201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STARK, MICHAEL J. Joseph Burgess 14950 HEATHROW FOREST PARKWAY, SUITE 200 HOUSTON, TX 77032
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **W. Christopher Chisholm** 281-449-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date 4-27-05 Daytime Phone #