

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90064 028 ****50.00

DOCUMENT # M04000005704

1. Entity Name
N.A. WATER SYSTEMS, LLC



Principal Place of Business
**250 AIRSIDE DRIVE
MOON TOWNSHIP, PA 15108-2793**

Mailing Address
**250 AIRSIDE DRIVE
MOON TOWNSHIP, PA 15108-2793**



01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1459311

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YENDELL, CRAIG E 250 AIRSIDE DRIVE MOON TOWNSHIP, PA 151082793
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PHILIPON, REMY 23562 W MAIN ST ROUTE 126 PLAINFIELD, IL 605442793
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIELSON, FINN 401 HARRISON OAKS BLVD., SUITE 100 CARY, NC 27513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Craig E. Yendell, Manager

January 9, 2006

412-809-6004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #