

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 A**  
**Secretary of State**

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



02022007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1459311

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME YENDELL, CRAIG E  
STREET ADDRESS 250 AIRSIDE DRIVE  
CITY-ST-ZIP MOON TOWNSHIP, PA 151082793

TITLE MGR  
NAME PHILIPON, REMY  
STREET ADDRESS 23562 W MAIN ST ROUTE 126  
CITY-ST-ZIP PLAINFIELD, IL 605442793

TITLE MGR  
NAME NIELSON, FINN  
STREET ADDRESS 401 HARRISON OAKS BLVD., SUITE 100  
CITY-ST-ZIP 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  
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02/20/07-80020-012:50:00

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 2/5/07 412 809-6004

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

Date

Daytime Phone #