

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005704

Entity Name: N.A. WATER SYSTEMS, LLC

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

250 AIRSIDE DRIVE
MOON TOWNSHIP, PA 151082793

New Principal Place of Business:

Current Mailing Address:

250 AIRSIDE DRIVE
MOON TOWNSHIP, PA 151082793

New Mailing Address:

FEI Number: 20-1459311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: YENDELL, CRAIG E
Address: 250 AIRSIDE DRIVE
City-St-Zip: MOON TOWNSHIP, PA 151082793

Title: MGR () Delete
Name: PHILIPON, REMY
Address: 23562 W MAIN ST ROUTE 126
City-St-Zip: PLAINFIELD, IL 605442793

Title: MGR () Delete
Name: NIELSON, FINN
Address: 401 HARRISON OAKS BLVD., SUITE 100
City-St-Zip: CARY, NC 27513

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: KLAUS, ANDERSON
Address: 401 HARRISON OAKS BLVD., SUITE 100
City-St-Zip: CARY, NC 27513

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

04/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date