

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000001558**

1. Entity Name  
**COCREATE AMERICAS USER GROUP, INC.**



Principal Place of Business  
**WATEROUS COMPANY**  
**125 HARDMAN AVE SOUTH**  
**SOUTH SAINT PAUL, MN 55075-1191 US**

Mailing Address  
**STEVEN KLIMAS WATEROUS COMPANY**  
**125 HARDMAN AVE SOUTH**  
**SOUTH SAINT PAUL, MN 55075-1191 US**



02012004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3174265</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION INFORMATION SERVICES, INC.**  
**1201 HAYS ST.**  
**TALLAHASSEE, FL 32301**

**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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WRAZEL, THERESA 400 WEST STRIBLING DR ROGERS, AR 72758
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FISHER, BRUCE 4420 CHROVIEW DRIVE FORT WAYNE, IN 46804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ZIHLMAN, EDDIE 10100 BURNETT RD, BLDG 7 MCR8900 AUSTIN, TX 78758
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KLIMAS, STEVEN 125 HARDMAN AVE S SOUTH SAINT PAUL, MN 550751191
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000082004  
 03/09/04-80009-019 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

*Steven Klimas Treasurer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/04 651-450-5208

Date

Daytime Phone #