FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P03395

(1)

FILED Apr 25 1996 8:00 am Secretary of State

1. Corporation	Name NDWATER TECHNOLOGY,	INC.			
Principal Place of Business Maling Address					or olit brott ordit 91911 bilgit bilgit 01011 1091
100 RIVER RIDGE DRIVE 100 RIVER RIDGE DR NORWOOD MA 02062 ATTENTION: TAX DEF US NORWOOD MA 02062			PARTMENT		
		US		3. Date Incorporated or Qualified 09/17/1984	3a. Date of Last Report 05/01/1995
2. Principal Pia 21	ice of Business	2a. Mailing Address		4. FEI Number 02-0324047	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Hequired
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Ziρ	Country	Ζιρ	Country	8. This corporation has liability for	intangible tax under s 199.032,
24	25 9. Name and Address of Curren	29	30		□No
	9, Hame and Address of Curren	it negistered Agent	81 Name	10. Name and Address of New R	Registered Agent
CT COF	PORATION SYSTEM		82 Street Add	Years (D.O. Bay Number is Net Assentati	(0)
1200 S. PINE ISLAND ROAD			62 Street Acc	dress (P.O. Box Number is Not Acceptab	NE)
PLANTATION FL 33324			83		
			84 City		85 Zip Code
11 Pursuant to	the provisions of Sections 607 0502	and 607 1609 Florida Statut	an the phone comed core		 -
PIONATHIDE:	i, and accept the obligations of, secti	ion 607.0000, Florida Statutes	zed by the corporation's boas.	oration submits this statement for the pur ard of directors. I hereby accept the appo	cintment as registered agent. I am
	lignature, typed or printed name of registered agent	and title if applicable (NC	DTE Registered Agent signature requir		DATE
12.	OFFICERS AND	DIFFECTORS DEFETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFF	
NAM E	BARBER, WALTER C.	_ other	1,2 NAME		Change Addition
STREFT ADDRESS	100 RIVER RIDGE DRIVE		1.3 STREET ADDRESS		
CITY - ST - ZIP	NORWOOD MA		1.4 CITY - ST- ZIP		
TITLE	SV	DELETE	2. 1 TITLE		Change Addition
NAME	LEWIS, RICHARD W.		2 2 NAME		i
STREET ADDRESS	100 RIVER RIDGE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	NORWOOD MA	T DELETE	2.4 CITY - ST - ZIP		
NAME	FARRELL, CATHERINE L.		3 1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS	100 RIVER RIDGE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORWOOD MA		3.4 CITY - ST - ZIP		
TITLE	CFO	DELETE	4. 1 TITLE		Change Addition
NAME	SLINEY, ROBERT E JR.		4.2 NAME		
SZERDCA TEERTS	100 RIVER RIDGE DRIVE		4.3 STREET ADDRESS		
CITY-S1-ZIP	NORWOOD MA	F3 Dr. Ftr	4.4 CITY - ST - ZIP		
TiTLE NAME	as Gwin, Hovey	DELETE	5 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	100 RIVER RIDGE DRIVE		5.2 NAME 5.3 STREET ADDRESS		
City-St-ZiP	NORWOOD MA		5 4 CITY-ST-ZIP		
TITLE	. JIMYYP IIII	☐ DELETE		Т	☐ Change 🔀 Addition
NAME		4			The second of the second
STREET ADDRESS			6.3 STREET ADDRESS	ORIVER LINGE NAME	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	OLFR, JOEL O RIVER RIAGE DRIVE ORWOOD, MA O2062	
14 Ldo boroby	certify that the information a inclind w	data state fit may be a make at a factor	tale and constitution of the second of the s		

Lob hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

SIGNATURE: