

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000059163

FILED  
Apr 02, 2011  
Secretary of State

**Entity Name:** ACME WATER SUPPLY & MANAGEMENT COMPANY

**Current Principal Place of Business:**

200 W. WEATHERFIELD AVENUE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

2335 SANDERS ROAD  
NORTHBROOK, IL 60062

**New Mailing Address:**

FEI Number: 55-0877915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: SPARROW, LISA  
Address: 2335 SANDERS ROAD  
City-St-Zip: NORTHBROOK, IL 60062

Title: V  
Name: DURHAM, RICK  
Address: 2335 SANDERS ROAD  
City-St-Zip: NORTHBROOK, IL 60062

Title: V  
Name: HOY, JOHN  
Address: 2335 SANDERS ROAD  
City-St-Zip: NORTHBROOK, IL 60062

Title: S  
Name: STOVER, JOHN  
Address: 2335 SANDERS ROAD  
City-St-Zip: NORTHBROOK, IL 60062

Title: VCFO  
Name: JAPCZYK, JAMES  
Address: 2335 SANDERS ROAD  
City-St-Zip: NORTHBROOK, IL 60062

Title: V  
Name: SUDDUTH, DONALD  
Address: 2335 SANDERS ROAD  
City-St-Zip: NORTHBROOK, IL 60062

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN STOVER

S

04/02/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date