

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90022 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P11875			
1. Corporation Name U.S. Filter Operating Services, Inc.			
Principal Place of Business		Mailing Address	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified	
21 SS Shuman Blvd.		10/22/86	
22 Suite, Apt. #, etc.		4. FEI Number	
23 Naperville, IL		93-0929498	
24 60563		5. Certificate of Status Desired	
25 USA		8.75 Additional Fee Required	
26 40-004 Cook St.		6. Election Campaign Financing	
27 Suite, Apt. #, etc.		Trust Fund Contribution	
28 Palm Desert, CA		5.00 May Be Added to Fees	
29 92211		8. This corporation owes the current year Intangible	
30 USA		Personal Property Tax.	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT Corporation System		81 Name	
1200 South Pine Island Rd.		82 Street Address (P.O. Box Number is Not Acceptable)	
Plantation, FL 33324		83	
		84 City	
		FL	
		85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (11/98)