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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:44

DOCUMENT # **P19853** **(1)**

1. Corporation Name
POLYMETRICS WATER SERVICE, INC.

Principal Place of Business	Mailing Address
2235 OLIME DRIVE SAN JOSE CA 95131	2235 OLIME DRIVE SAN JOSE CA 95131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/28/1988**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business
21 **2290 No. First St.**
Suite, Apt. #, etc.
22 **#201**
City & State
23 **San Jose, CA**
Zip 24 **95131** Country 25 **USA**

2a. Mailing Address
26 **2290 No. First St.**
Suite, Apt. #, etc.
27 **#201**
City & State
28 **San Jose, CA**
Zip 29 **95131** Country 30 **USA**

4. FEI Number: **94-2689346** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	ELSTON, JOHN	12 NAME	
STREET ADDRESS	3680 SLOPEVIEW DR	13 STREET ADDRESS	
CITY ST ZIP	SAN JOSE CA	14 CITY ST ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	CRABTREE, LARRY L.	22 NAME	
STREET ADDRESS	32277 CALLE RESACA	23 STREET ADDRESS	
CITY ST ZIP	TEMECULA, CA 92390	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	RELOS-CHONG, LEONOR	32 NAME	
STREET ADDRESS	1431 PRELUDE DR	33 STREET ADDRESS	
CITY ST ZIP	SAN JOSE CA	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ELIA, CLAUDIO	42 NAME	
STREET ADDRESS	800 3RD AVE.	43 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KELLY, JOHN T.	52 NAME	
STREET ADDRESS	800 THIRD AVENUE	53 STREET ADDRESS	
CITY ST ZIP	NEW YORK, NY 10022	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do 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)(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 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 changed, or on an attachment with an addition

SIGNATURE: Leonor M. Relos-Chong Leonor Relos-Chong 3/3/95 408-232-0102
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0480308 FP