

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P19853 (1)

1. Corporation Name

U.S. FILTER/POLYMETRICS, INC.



Principal Place of Business

Mailing Address

2290 NORTH FIRST STREET
STE 201
SAN JOSE CA 95131
US

2290 NORTH FIRST STREET
STE 201
SAN JOSE CA 95131
US

2. Principal Place of Business

2a. Mailing Address

21 10 Technology Dr

26 10 Technology Dr

Suite, Apt #, etc

Suite, Apt #, etc

22 City & State

27 City & State

23 Lowell MA

28 Lowell MA

24 Zip

Country

29 Zip

Country

01851

01851

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/28/1988

3a. Date of Last Report

03/31/1995

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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent (and block applicable)

(If/On: Registered Agent signature required when re-registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE VP
NAME ELSTON, JOHN
STREET ADDRESS 3680 SLOPEVIEW DR
CITY-ST-ZIP SAN JOSE CA

☒ DELETE

TITLE P
NAME CRABTREE, LARRY L.
STREET ADDRESS 32277 CALLE RESACA
CITY-ST-ZIP TEMECULA, CA 92390

☒ DELETE

TITLE S
NAME RELOS-CHONG, LEONOR
STREET ADDRESS 1431 PRELUDE DR
CITY-ST-ZIP SAN JOSE CA

☒ DELETE

TITLE D
NAME ELIA, CLAUDIO
STREET ADDRESS 800 3RD AVE.
CITY-ST-ZIP NEW YORK NY

☒ DELETE

TITLE D
NAME KELLY, JOHN T.
STREET ADDRESS 800 THIRD AVENUE
CITY-ST-ZIP NEW YORK, NY 10022

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)