

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

FILED  
Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P19853** (1)

1. Corporation Name

**U.S. FILTER/POLYMETRICS, INC.**

Principal Place of Business

Mailing Address

**10 TECHNOLOGY DR  
STE 201  
LOWELL MA 01851  
US**

**10 TECHNOLOGY DR  
STE 201  
LOWELL MA 01851-2728  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/28/1988</b>		3a. Date of Last Report <b>06/27/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>94-2689346</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEMMO, NICHOLAS C</b>	1.2 NAME	
STREET ADDRESS	<b>10TECHNOLOGY DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LOWELL MA</b>	1.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<b>VP, T, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPENCE, KEVIN C</b>	2.2 NAME	<b>Spence, KEVIN C.</b>
STREET ADDRESS	<b>40-004 COOK ST</b>	2.3 STREET ADDRESS	<b>40-004 COOK St.</b>
CITY - ST - ZIP	<b>PALM DESERT CA</b>	2.4 CITY - ST - ZIP	<b>PALM DESERT, CA 92211</b>
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<b>VP, S, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEORGINO, DAMIAN C</b>	3.2 NAME	<b>Georgino, DAMIAN C.</b>
STREET ADDRESS	<b>40-004 COOK ST</b>	3.3 STREET ADDRESS	<b>40-004 COOK St.</b>
CITY - ST - ZIP	<b>PALM DESERT CA</b>	3.4 CITY - ST - ZIP	<b>PALM DESERT, CA 92211</b>
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<b>ASST. TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIERKER, JAMES W</b>	4.2 NAME	<b>DIERKER, JAMES W.</b>
STREET ADDRESS	<b>40-004 COOK ST</b>	4.3 STREET ADDRESS	<b>40-004 COOK St.</b>
CITY - ST - ZIP	<b>PALM DESERT CA</b>	4.4 CITY - ST - ZIP	<b>PALM DESERT, CA 92211</b>
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<b>ASST. TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELCH, MICHAEL F</b>	5.2 NAME	<b>WELCH, MICHAEL F.</b>
STREET ADDRESS	<b>10 TECHNOLOGY DR</b>	5.3 STREET ADDRESS	<b>10 TECHNOLOGY DR.</b>
CITY - ST - ZIP	<b>LOWELL MA</b>	5.4 CITY - ST - ZIP	<b>LOWELL, MA</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>ASST. SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>KATHERINE M. DREWEL</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>1701 S. PEABODY</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>WALKERSHA, WI 53186</b>

14. I do 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 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

Date

414-521-8504

Daytime Phone # 0000000

CR2E034 (9/96)