

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90062 014 \*\*\*\*70.00

**DOCUMENT # P32998**

1. Entity Name

CLEAN WATER ACTION, INC.



Principal Place of Business

4455 CONNECTICUT AVE, N.W.  
SUITE A300  
WASHINGTON DC 20008

Mailing Address

P O BOX 188  
MOUNT CLEMENS MI 48046

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7128611

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCANDIKITO, THERESE E  
412 NW 72ND STREET  
BOCA RATON FL 33487

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME ZWICK, DAVID  
STREET ADDRESS 4455 CONNECTICUT AVE, N.W., STE. A300  
CITY-ST-ZIP WASHINGTON DC 20008

TITLE Director ☐ Change ☒ Addition  
NAME Grant Merritt  
STREET ADDRESS 6160 Summit Drive  
CITY-ST-ZIP Minneapolis, MN 55430

TITLE S ☐ Delete  
NAME ATERNO, KATHLEEN  
STREET ADDRESS 38875 HARPER AVENUE  
CITY-ST-ZIP CLINTON TOWNSHIP MI 48036

TITLE Director ☐ Change ☒ Addition  
NAME Maurice Sampson  
STREET ADDRESS 129 W. Gorgan Lane  
CITY-ST-ZIP Philadelphia, PA 19119

TITLE CD ☐ Delete  
NAME FONTENOT, WILLIAM  
STREET ADDRESS 632 DREHR  
CITY-ST-ZIP BATON ROUGE LA 70806

TITLE Director ☐ Change ☒ Addition  
NAME David Ty Kulsker  
STREET ADDRESS 161 Walnut Street  
CITY-ST-ZIP Montclair, NJ 07042

TITLE D ☒ Delete  
NAME GRAVITZ, MICHAEL  
STREET ADDRESS 4302 CURTIS RD  
CITY-ST-ZIP CHEVY CHASE MD 20815

TITLE Director ☐ Change ☒ Addition  
NAME Brent Baeslack  
STREET ADDRESS 20 Montvale Street  
CITY-ST-ZIP Braclford, MA 01835

TITLE L ☐ Delete  
NAME LOCKWOOD, PETER  
STREET ADDRESS ONE THOMAS CIRCLE, N.W.  
CITY-ST-ZIP WASHINGTON DC 20005

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME REDDING, BILL  
STREET ADDRESS 214 N HENRY STUIE 203  
CITY-ST-ZIP MADISON WI 53703

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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 #

Kathleen E. Aterno 4/14/04 (586) 783-3277