

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32998

FILED
Jun 17, 2009
Secretary of State

Entity Name: CLEAN WATER ACTION, INC.

Current Principal Place of Business:

1010 VERMONT AVE NW, STE 300A
SUITE 1100
WASHINGTON, DC 20005

New Principal Place of Business:

Current Mailing Address:

P O BOX 188
MOUNT CLEMENS, MI 48046

New Mailing Address:

FEI Number: 23-7128611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DECOCK, JOHN
Address: 4455 CONNECTICUT AVE, N.W., STE. A300
City-St-Zip: WASHINGTON, DC 20008

Title: S () Delete
Name: ATERNO, KATHLEEN
Address: 38875 HARPER AVENUE
City-St-Zip: CLINTON TOWNSHIP, MI 48036

Title: D () Delete
Name: GRAVITZ, MICHAEL
Address: 4302 CURTIS RD
City-St-Zip: CHEVY CHASE, MD 20815

Title: D () Delete
Name: DICKINSON, ELIZABETH
Address: 384 HALL AVE
City-St-Zip: SAINT PAUL, MN 55107

Title: T () Delete
Name: LOCKWOOD, PETER
Address: ONE THOMAS CIRCLE, N.W.
City-St-Zip: WASHINGTON, DC 20005

Title: D () Delete
Name: REDDING, BILL
Address: 214 N HENRY STUIE 203
City-St-Zip: MADISON, WI 53703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DECOCK, JOHN
Address: 1010 VERMONT AVE. NW SUITE 1100
City-St-Zip: WASHINGTON, DC 20005

Title: S (X) Change () Addition
Name: ATERNO, KATHLEEN
Address: 23885 DENTON ST SUITE B
City-St-Zip: CLINTON TOWNSHIP, MI 48036

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN E. ATERNO

S

06/17/2009

Electronic Signature of Signing Officer or Director

Date