

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90152 044 *****70.00

009/498

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**

11012856



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7128611**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SCANDITO, 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

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

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

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

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

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

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

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

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

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

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

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

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 REQUIRED

4/10/03 (586) 783-3277

CR2E037 (10/02)