

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P40069

1. Entity Name
CLEAN WATER FUND, INC.



Principal Place of Business
**4455 CONNECTICUT AVENUE N.W.
SUITE 300-A
WASHINGTON, DC 20008-2328**

Mailing Address
**PO BOX 188
MT CLEMONS, MI 48046**

DO NOT WRITE IN THIS SPACE



04272006 No Chg-NP CR2E037 (11/05)

4. FEI Number
52-1043444

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SCANDIRITO, THRESE
412 NW 72ND STREET
BOCA RATON, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROSEN, MARNI
PRESIDO BLDG 1016, 1ST FLOOR
SAN FRANCISCO, CA 94129**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
AKABLI, DIANNE
38875 HARPER AVENUE
CLINTON TOWNSHIP, MI 48036**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SO, ANTHONY
420 FIFTH AVENUE
NEW YORK, NY 100182702**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LOCKWOOD, PETER
ONE THOMAS CIRCLE, NW
WASHINGTON, DC**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOPPIN, POLLY
9 WARREN SQUARE
JAMAICA PLAIN, MA 02130**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
ATERNO, KATHLEEN E
38875 HARPER AVE
CLINTON TOWNSHIP, MI 48036**

U00000560913
05/18/06-80059-008 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Dianne Akabli *Dianne Akabli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06
Date

586 783-3211
Daytime Phone #