2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2008 8:00 am **Secretary of State**

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1. Entity Name CLEAN WATER FUND, INC. 40040000 Principal Place of Business Mailing Address 4455 CONNECITICUT AVENUE N.W. PO BOX 188 MT CLEMONS, MJ 48046 SUITE 300-A WASHINGTON, DC 20008-2328 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282008 Chg-NP CR2E037 (12/06) 4. FEI Number 52-1043444 City & State City & State Applied For Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCANDIRITO, THRESE Street Address (P.O. Box Number is Not Acceptable) 412 NW 72ND STREET BOCA RATON, FL 33487 Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Make check payable to Trust Fund Contribution. П Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Directer Delete **Addition** ROSEN, MARNI Kate Reid Koeze NAME NAME STREET ADDRESS PRESIDO BLDG 1016.1ST FLOOR STREET ADDRESS 3211 Bonnell Ave. SE CITY-ST-ZIP SAN FRANCISCO, CA 94129 CITY-ST-ZIP Grand Rapids, MI 49506 Director TITLE ☐ Delete TITLE ☐ Change **X** Addition William Fontenot AKABLI, DIANNE NAME NAME STREET ADDRESS 38875 HARPER AVENUE STREET ADDRESS 632 DENTAUE. CLINTON TOWNSHIP, MI 48036 CITY-ST-ZIP CITY-ST-ZIP Baton Bouge, LA 70806 Delete Director X Addition TITI F TITLE ☐ Change SO, ANTHONY Yvette Martinez Bracamente NAME NAME 5015 Eagle Rock Blud. Ste Jil STREET ADDRESS **420 FIFTH AVENUE** STREET ADDRESS CITY-ST-7IP NEW YORK, NY 100182702 CITY-ST-ZIP LOS Argeles, CA 90041 Vice President TITLE ☐ Delete Change **Addition** TITLE LOCKWOOD, PETER John DeCock NAME NAME 4455 Connecticut AVE NIO A-300 STREET ADDRESS ONE THOMAS CIRCLE, NW STREET ADDRESS restandary DC 20008 CITY-ST-71P WASHINGTON, DC CITY-ST-78 ☐ Delete TITLE ☐ Change DILE ☐ Addition HOPPIN, POLLY NAME 9 WARREN SOLIARE STREET ADDRESS STREET ADDRESS JAMAICA PLAIN, MA 02130 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE AS TITLE ATERNO, KATHLEEN E NAME NAME STREET ADDRESS 38875 HARPER AVE STREET ADDRESS CITY-ST-ZIP CLINTON TOWNSHIP, MI 48036 CITY-ST-ZIP

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

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Dianne Akath SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

586 -783-327**7**