

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91221 037 ***150.00

DOCUMENT # P93000022549

1. Entity Name

ION EXCHANGE TECHNOLOGIES, INC.



Principal Place of Business

1155 S CONGRESS AVE
STE 7
DELRAY BEACH FL 33483
US

Mailing Address

POST OFFICE BOX 2364
#1402
BOCA RATON FL 33427
US

24066764



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0405781**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PURI, JOE S
2003 N OCEAN BLVD
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name Wayne Anderson
Street Address (P.O. Box Number is Not Acceptable)
1155 S. Congress Ave
9
City Delray Beach **FL** Zip Code 33445

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **BAKER, LINDA A.**
STREET ADDRESS **221 NE 4TH AVE**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **P** ☐ Delete
NAME **KUMAR, J. P.**
STREET ADDRESS **221 NE 4TH AVE**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **D** ☐ Delete
NAME **ANDERSON, GAIL**
STREET ADDRESS **221 NE 4TH AVE**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **VP** ☐ Delete
NAME **ANDERSON, WAYNE**
STREET ADDRESS **5582 BAMUDO DUNES CIRCLE**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 607, 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

4/30/04 **SL12652380**
Date Daytime Phone #