2000 UNIFORM BUSINESS REPORT (UBR)

Jan 26, 2000 8:00 am Secretary of State DOCUMENT # **P97000031239** 1. Entity Name AMERICAS' WATER SERVICES CORPORATION 01-26-2000 90034 003 ***150.00 Principal Place of Business Mailing Address 1240 IROQUOIS DR. LEGAL DEPT 1000 COLOR PLACE SHITE 106 NAPERVILLE IL 60563 APOPKA FL 32703-7753 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 58-2322756 Not Applied Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARMSTRONG, BRIAN P Street Address (P.O. Box Number is Not Acceptable) 1000 COLOR PL. APOPKA FL 32703 Zip Code City 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 12. DCOP TITLE **Addition** 💢 Delete TITLE JAMES NAME NAME MIRANDA, NORMAN L STREET ADDRESS STREET ADDRESS 6601 1240 IROQUOIS DR., SUITE 106 CITY-ST-ZIP CITY-ST-ZIP NAPERVILLE IL 60563 ☐ Change ☐ Addition TITLE **Delete** TITLE DVP NAME BENCINI, MORRIS A NAME STREET ADDRESS STREET ADDRESS 1000 COLOR PL. CITY-ST-ZIP CITY-ST-7(P APOPKA FL 32703 TITLE **CCEO** ☐ Delete ☐ Change Addition NAME CIRELLO, JOHN STREET ADDRESS STREET ADDRESS 1000 COLOR PL. CITY-ST-7IP GITY-ST-ZIF APOPKA FL 32703 TITLE DSVP TITLE ☐ Change Addition Delete NAME WOOD, JOHN M NAME STREET ADDRESS STREET ADDRESS 1240 IROQUOIS DR., STE. 106 CITY-ST-ZIP CITY-ST-ZIP NAPERVILLE IL 60563 ☐ Change Addition TITLE TITLE AMES, WILLIAM J STREET ADDRESS STREET ADDRESS 1240 IROQUOIS DR. STE 106 CITY-ST-ZIP CITY-ST-ZIE NAPERVILLE IL 60563. VPM- PLESIDENT ☐ Delete ☐ Change ☐ Addition TITLE TITLE BROWN, THOMAS P NAME NAME STREET ADDRESS STREET ADDRESS 6812 28TH STREET, SE, SUITE L CITY-ST-ZIP CITY-ST-ZIF **GRAND RAPPIDS MI 49456**

13. Thereby 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SICATION SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/00 (407)786-0090

FILED