

1. Entity Name

ENERGY RECOVERY SYSTEMS, INC.

FILED

00 JUN -2 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA5/17/00 90915/000 \$150.00


DO NOT WRITE IN THIS SPACE

Principal Place of Business 3680 W. LAKE HAMILTON DR. WINTER HAVEN FL 33881		Mailing Address 3680 W. LAKE HAMILTON DR. WINTER HAVEN FL 33881-9260		4. FEI Number 59-3565807		Applied For Not Applicable	
2. Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
8. Name and Address of Current Registered Agent BLANKENSHIP, RANDALL G ESQ. 170 E. CENTRAL AVE. WINTER HAVEN FL				7. Name and Address of New Registered Agent Name DORIS M. MASON Street Address (P.O. Box Number is Not Acceptable) 707 HERITAGE DRIVE City WINTER HAVEN FL Zip Code 33881			
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 <u>Doris M. Mason</u> DORIS M. MASON 4/27/00 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, DORIS M 3680 W. LAKE HAMILTON DR. WINTER HAVEN FL 33881 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DORIS M. MASON 707 HERITAGE DRIVE WINTER HAVEN, FL 33881 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROBERT W. MASON 707 HERITAGE DRIVE WINTER HAVEN, FL 33881 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAROL S. HULSEY 1230 LAKE LOOP WINTER HAVEN, FL 33880 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	LS <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Doris M. Mason</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/27/00</u> Daytime Phone # <u>863-293-7678</u>			

CR2E034 (9/99)

of this 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:

Robert E. Hackney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 4/27/00 Daytime Phone # 904-637-0677