2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # \$25220** WATER CONSULTANTS INTERNATIONAL, INC. 01-25-2001 90156 006 ***150.00 Principal Place of Business Mailing Address 6950 GYPRESS CR. RD 6950 CYPRESS OR RD STE 208/5 STE 208/5 FT LAUDERDALE EL 33317 FT LANDERDALE FL 33317 2. Principal Place of Business 3. Mailing Address 601 El DURADO Ple GUS El DORADO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0239445 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ----HORNBURG, CHARLES D. Street Address (P.O. Box Number is Not Acceptable) **601 EL DORADO PARKWAY** FT LAUDERDALE FL 33317 City Zip Code 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HORNBURG, CHARLES D. NAME NAME STREET ADDRESS 601 EL DORADO PARKWAY STREET ADDRESS CITY-ST-7IP FT LAUDERDALE/FL ** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WATSON, BRUCE M... NAME NAME STREET ADDRESS 601 EL DORADO PARKWAY STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HORNBURG, JEFFREY T. NAME STREET ADDRESS 601 EL DORADO PARKWAY STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED LANG OF SIGNING OFFICER OR DIRECTOR

Date

D