

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002062

Entity Name: IXOM WATERCARE INC.

Current Principal Place of Business:

8150 S. AKRON ST.
SUITE 401
CENTENNIAL, CO 80112

Current Mailing Address:

8150 S. AKRON ST.
SUITE 401
CENTENNIAL, CO 80112 US

FEI Number: 84-1574849

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name WOLFE, BRYCE
Address 8150 S. AKRON ST.
 SUITE 401
City-State-Zip: CENTENNIAL CO 80112

Title DIRECTOR
Name RASDELL, STEPHEN G.
Address 8150 S. AKRON ST.
 SUITE 401
City-State-Zip: CENTENNIAL CO 80112

Title SECRETARY
Name ANDERSEN, NIK
Address 8150 S. AKRON ST.
 SUITE 401
City-State-Zip: CENTENNIAL CO 80112

Title PRESIDENT
Name CABLE, RANDY A.
Address 8150 S. AKRON ST.
 SUITE 401
City-State-Zip: CENTENNIAL CO 80112

Title AUTHORIZED REPRESENTATIVE
Name BREWER, ELLEN
Address 8150 S. AKRON ST.
 SUITE 401
City-State-Zip: CENTENNIAL CO 80112

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELLEN BREWER

**AUTHORIZED
REPRESENTATIVE**

04/10/2017

Electronic Signature of Signing Officer/Director Detail

Date