

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000002062

**Entity Name:** ORICA WATERCARE INC.

**Current Principal Place of Business:**

33101 EAST QUINCY AVENUE  
WATKINS, CO 80137

**Current Mailing Address:**

33101 EAST QUINCY AVENUE  
WATKINS, CO 80137 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 T  
Name JONES, KURT A  
Address 33101 EAST QUINCY AVENUE  
City-State-Zip: WATKINS CO 80137

Title D  
Name GIBSON, ANTONY M  
Address 33101 EAST QUINCY AVENUE  
City-State-Zip: WATKINS CO 80137

Title S  
Name THIGPEN, SUZANNE  
Address 33101 EAST QUINCY AVENUE  
City-State-Zip: WATKINS CO 80137

Title P.D  
Name CABLE, RANDY A  
Address 33101 EAST QUINCY AVENUE  
City-State-Zip: WATKINS CO 80137

Title VP  
Name JONES, SHANE A  
Address 33101 EAST QUINCY AVENUE  
City-State-Zip: WATKINS CO 80137

*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:** SUZANNE THIGPEN

**AUTHORIZED SIGNER**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date