

**2021 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, DIRECTOR  
Name           WOLFE, BRYCE  
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           DIRECTOR  
Name           CHIRIELEISON, GREG  
Address        8150 S. AKRON ST.  
                  SUITE 401  
City-State-Zip: CENTENNIAL CO 80112

Title           DIRECTOR  
Name           ATKINSON, PAUL  
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:** NIK ANDERSEN

**SECRETARY**

**04/18/2021**

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

\_\_\_\_\_  
Date