

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000003648

Entity Name: HEARTLAND WATER TECHNOLOGY, INC.**Current Principal Place of Business:**43 BROAD STREET, UNIT B403
HUDSON, MA 01749**Current Mailing Address:**43 BROAD STREET, UNIT B403
HUDSON, MA 01749 US**FEI Number: 81-4025401****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET, STE 4
TALLAHASSEE, FL 32301 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	CHAIRMAN
Name	CAWTHORN, ROBERT E
Address	43 BROAD STREET, UNIT B403
City-State-Zip:	HUDSON MA 01749

Title	DIRECTOR
Name	KNOBLOCH, KEVIN T
Address	43 BROAD STREET, UNIT B403
City-State-Zip:	HUDSON MA 01749

Title	SVP
Name	PORTIN, SUSAN C
Address	43 BROAD STREET, UNIT B403
City-State-Zip:	HUDSON MA 01749

Title	CEO
Name	JONES, EARL
Address	43 BROAD STREET, UNIT B403
City-State-Zip:	HUDSON MA 01749

Title	DIRECTOR
Name	IRWIN IV, ROBERT F
Address	43 BROAD STREET, UNIT B403
City-State-Zip:	HUDSON MA 01749

Title	DIRECTOR
Name	BEAUFIT, CHRISTOPHER
Address	43 BROAD STREET, UNIT B403
City-State-Zip:	HUDSON MA 01749

Title	CFO
Name	INAMDAR, SHUBHA
Address	43 BROAD STREET, UNIT B403
City-State-Zip:	HUDSON MA 01749

Title	DIRECTOR
Name	JONES , EARL
Address	43 BROAD STREET, UNIT B403
City-State-Zip:	HUDSON MA 01749

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: SUSAN C. PORTIN**SVP****04/30/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date