

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90103 034 ***158.75

DOCUMENT # F98000002701

1. Entity Name
NATIONAL WATER & POWER, INC.

Principal Place of Business 1241 EAST DYER ROAD SUITE 110 SANTA ANA CA 92705	Mailing Address 1241 EAST DYER ROAD SUITE 110 SANTA ANA CA 92705-5611
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1241 East Dyer Road	3. Mailing Address 1241 East Dyer Road
Suite, Apt. #, etc. Ste 350	Suite, Apt. #, etc. Ste 350
City & State Santa Ana CA	City & State Santa Ana, CA

Zip 92705	Country USA	Zip 92705	Country USA
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4. FEI Number 33-0782615	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 CT Corporation
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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE DCEO NAME FREEDLAND, HOWARD S STREET ADDRESS 1241 EAST DYER ROAD SUITE 110 CITY-ST-ZIP SANTA ANA CA 92705	<input type="checkbox"/> Delete
TITLE DCOO NAME SHERMAN, ROBERT STREET ADDRESS 1241 EAST DYER ROAD STE 110 CITY-ST-ZIP SANTA ANA CA 92705	<input type="checkbox"/> Delete
TITLE D NAME STROME, MARK STREET ADDRESS 100 WILSHIRE BOULEVARD #1500 CITY-ST-ZIP SANTA MONICA CA 90401	<input type="checkbox"/> Delete
TITLE D NAME SURYAN, FRANK STREET ADDRESS 4490 VON KARMAN AVENUE CITY-ST-ZIP NEWPORT BEACH CA 92660	<input type="checkbox"/> Delete
TITLE D NAME BUFFA, ANTHONY STREET ADDRESS 830 POST ROAD EAST CITY-ST-ZIP NEWPORT BEACH CA 92660	<input type="checkbox"/> Delete
TITLE D NAME WHEELER, EDWARD STREET ADDRESS POTOMAC TOWER, 1001 19TH ST., N CITY-ST-ZIP ARLINGTON VA 22209	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Director NAME Freedland, Howard S. STREET ADDRESS 1241 E. Dyer Rd. Ste 350 CITY-ST-ZIP Santa Ana CA 92705	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE President NAME Sherman, Robert STREET ADDRESS 1241 E. Dyer Rd. Ste 250 CITY-ST-ZIP Santa Ana CA 92705	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP Finance + Planning NAME Anderson, Toby STREET ADDRESS 1241 E. Dyer Rd Ste 250 CITY-ST-ZIP Santa Ana CA 92705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V.P. CFO NAME Roche, Margaret STREET ADDRESS 1241 E. Dyer Rd Ste 250 CITY-ST-ZIP Santa Ana CA 92705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE President, NWP Technologies NAME Patrick Langan STREET ADDRESS 1241 E. Dyer Rd. Ste 250 CITY-ST-ZIP Santa Ana CA 92705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE E.V.P. Sales and Marketing NAME Robert Fincher STREET ADDRESS 1241 E. Dyer Rd. Ste 250 CITY-ST-ZIP Santa Ana CA 92705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Margaret Roche **1/25/00** **714 445-6130**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)