

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90217 016 ***150.00

DOCUMENT # F98000002701



1. Entity Name
NATIONAL WATER & POWER, INC.

Principal Place of Business
**1241 EAST DYER ROAD
SUITE 250
SANTA ANA CA 92705**

Mailing Address
**1241 EAST DYER ROAD
SUITE 250
SANTA ANA CA 92705**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **33-0782615**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPCF	<input checked="" type="checkbox"/> Delete
NAME	ROCHE, MARGARET S	
STREET ADDRESS	1241 E DYER RD, STE 250	
CITY-ST-ZIP	SANTA ANA CA 92705	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SHERMAN, ROBERT	
STREET ADDRESS	1241 E DYER RD, STE 250	
CITY-ST-ZIP	SANTA ANA CA 92705	
TITLE	D	<input type="checkbox"/> Delete
NAME	STROME, MARK	
STREET ADDRESS	100 WILSHIRE BOULEVARD #1500	
CITY-ST-ZIP	SANTA MONICA CA 90401	
TITLE	D	<input type="checkbox"/> Delete
NAME	SURYAN, FRANK	
STREET ADDRESS	4490 VON KARMAN AVENUE	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUFFA, ANTHONY	
STREET ADDRESS	830 POST ROAD EAST	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHEELER, EDWARD	
STREET ADDRESS	POTOMAC TOWER, 1001 19TH ST., N	
CITY-ST-ZIP	ARLINGTON VA 22209	

TITLE	Chairman + CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randy Lintecum	
STREET ADDRESS	1241 E Dyer Rd, Ste 250	
CITY-ST-ZIP	Santa Ana, CA 92705	
TITLE	SVP. CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Southron	
STREET ADDRESS	1241 E Dyer Rd, Ste 250	
CITY-ST-ZIP	Santa Ana, CA 92705	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE DELETED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/16/03** Daytime Phone #: **(714) 445-6100**

CR2E034 (10/02)