

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000003386

**Entity Name:** SUEZ WTS USA, INC.**Current Principal Place of Business:**4636 SOMERTON ROAD  
TREVOSSE, PA 19053**Current Mailing Address:**4636 SOMERTON RD  
TREVOSSE, PA 19054 US**FEI Number: 23-1503731****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           | P                  |
| Name            | MARKHOFF, HEINRICH |
| Address         | 4636 SOMERTON ROAD |
| City-State-Zip: | TREVOSSE PA 19053  |

|                 |                        |
|-----------------|------------------------|
| Title           | D                      |
| Name            | PATEL, MAMTA           |
| Address         | 4636 SOMERTON ROAD     |
| City-State-Zip: | TREVOSSE PA 19053-6742 |

|                 |                     |
|-----------------|---------------------|
| Title           | SD                  |
| Name            | LLOYD, DEBORAH      |
| Address         | 4636 SOMERTON ROAD. |
| City-State-Zip: | TREVOSSE PA 19053   |

|                 |                    |
|-----------------|--------------------|
| Title           | T                  |
| Name            | BHARGAVA, ROHIT    |
| Address         | 4636 SOMERTON ROAD |
| City-State-Zip: | TREVOSSE PA 19053  |

|                 |                    |
|-----------------|--------------------|
| Title           | ASST. SECRETARY    |
| Name            | DEANGELO, KAREN    |
| Address         | 4636 SOMERTON ROAD |
| City-State-Zip: | TREVOSSE PA 19053  |

*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: KAREN DEANGELO****ASST. SECRETARY****01/16/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date