

1.) CORPORATION NAME:

**THE CLEAN WATER FUND**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HUBCO REGISTERED AGENT SERVICES, INC.  
2331 MILL ROAD  
SUITE 100**

SCC ID NO: **F0522575**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**ALEXANDRIA, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1444 EYE ST NW  
STE 400

CITY/ST/ZIP: WASHINGTON, DC 20005

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	ROBERT WENDELGASS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1444 EYE ST NW		
	STE 400		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20005		

NAME:	KATE REID KOEZE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3211 BONNELL AVE SE		
CITY/ST/ZIP/CO:	GRAND RAPIDS, MI 49506		

NAME:	DIANNE AKABLI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	23885 DENTON		
	STE B		
CITY/ST/ZIP/CO:	CLINTON TWP, MI 48036		

NAME:	KATHLEEN E ATERNO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	23885 DENTON STE B		
CITY/ST/ZIP/CO:	CLINTON TOWNSHIP, MI 48036		

NAME:	PETER LOCKWOOD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	ONE THOMAS CIRCLE, N.W.		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20005		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM FONTENOT DIRECTOR 632 DREHR BATON ROUGE, LA 70806	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID HAHN-BAKER DIRECTOR 440 LINCOLN PKWY BUFFALO, NY 14216	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAXINE LIPELES DIRECTOR CAMPUS BOX 1120 ONE BROOKINGS DR ST LOUIS, MO 63130-4899	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAOLA RAMOS DIRECTOR 3699 HIGHLAND RD LAYFAYETTE, CA 94549	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DIANNE AKABLI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIANNE AKABLI, SECRETARY PRINTED NAME AND CORPORATE TITLE	10/31/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			